

CITY AND COUNTY OF BRISTOL



The Health of Bristol

IN

1962

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Medical Officer of Health

THE HEALTH OF BRISTOL IN 1962

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GENERAL REVIEW OF THE HEALTH OF BRISTOL 1962

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THE HEALTH OF BRISTOL IN 1962

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present my seventh Annual Report on the health of the City of Bristol for the year 1962.

Demographic Data

The year 1961 saw the first population increase in the City for a period of seven years, when the population reached 436,000. The estimated population for 1962, however, has fallen to 434,260. There has been a decrease in the marriage rate from 17·1 to 16·6 per thousand population, but the adjusted birth rate has increased from 16·03 to 16·7.

The stillbirth rate has fallen from 18·5 to 16 per thousand total births—the second lowest figure ever recorded, and the peri-natal mortality rate from 31·5 to 27·8 per thousand total births. A slight increase in the post neo-natal death rate (accounted for largely by an increase in the deaths from respiratory infection and congenital abnormalities) led to some increase in the infant mortality rate from 17·7 in 1961 to 20·8 per thousand in 1962.

There has been a further rise in the illegitimate birth rate from 6·9 to 8·1 per cent and the recent trend towards pregnancies in very young unmarried girls has continued.

The adjusted death rate has shown a slight increase from 12·4 to 12·7 per thousand population, with no significant change in the main causes of death.

There has been a further fall in the notification rate for pulmonary tuberculosis — from ·36 to ·30 per thousand population, which is now the lowest figure ever recorded for the City. Deaths from pulmonary tuberculosis have also shown a further decline from ·048 to ·053 per thousand population—again the lowest rate ever recorded. On the other hand, there has been a slight increase in the death rate from carcinoma of the bronchus from 0·48 to 0·49 per thousand population.

Infectious Diseases

The overall incidence of notifiable infectious diseases was at a very low ebb; 1962 was not a 'Measles Epidemic Year'. The outbreak of hepatitis came to an end, and by the end of the year only 283 cases had been recorded, against nearly a thousand in the previous year. It is pleasing to record that in the total outbreak of 2,390 known cases of infectious hepatitis, only 5 deaths were attributed to this condition, and in one of these there was co-existing myelomatosis, and in another mongolism and congenital heart disease. Moreover, in the follow-up survey being carried out by Dr. Reed, there has so far been no indication that the outbreak has been a serious cause of permanent liver damage in the persons affected.

The incidence of whooping cough was also very low—163 cases compared with 279 last year. On the other hand, Sonne dysentery increased in incidence from 187 to 442 notified cases, and although the infection is mild, it creates a tremendous amount of work for the Department, particularly relating to the exclusion from work of infected food handlers, and adults working in close contact with children. The prevalence of this infection within the City, together with the recent outbreak of infectious hepatitis, indicate the need for

health education in elementary personal hygiene, as both these infections are transferred from person to person via hands contaminated in the toilet.

Seventy cases of glandular fever were notified during the year, compared with 93 in 1961, and this disease continues to be the subject of special investigation by Dr. A. Macara.

Rubella became a notifiable disease on the 1st December; the primary objective of notification is for research purposes, particularly into the relationship of virus infection to the production of congenital defects.

There was one recorded outbreak of food poisoning at the Nurses' Preliminary Training School where 18 people were taken ill: *Clostridium Welchii* was found to be the causal agent, and shepherd's pie the vehicle of infection.

During 1962 smallpox was introduced into the country from Pakistan, and the occurrence of scattered cases and deaths in various parts of the country led to a considerable demand by the population of all ages for vaccination. Although no case occurred in the City, the opportunity was taken of improving the vaccination rate for very young children, as a result of which by the end of the year it was estimated that 95 per cent of all children under two years of age in the City had been vaccinated against smallpox.

A mass vaccination campaign against poliomyelitis had been planned for 1962, but just before the campaign was due to be launched, the safety of the oral vaccine was questioned in one or two areas in North America, and the campaign had to be deferred until the following Spring. Nevertheless, it was considered that by the end of 1962, 87 per cent of persons under 20 had been adequately protected against poliomyelitis.

With 61 per cent of children under one, and about 67 per cent of children aged 0—4 immunised against diphtheria, the present state of protection of the Bristol population against the disease is considered to be reasonably satisfactory.

The work at the Foreign Travel Clinic increased during the year, when nearly 4,000 cases were dealt with. Only 3·4 per cent of these were emigrating. There was a tremendous demand for smallpox vaccination for people going on European holidays, as many of those countries required British travellers to be so protected. No doubt this state of affairs will prove to be exceptional in future years.

During the year, the *Commonwealth Immigrants Act* was passed. This Act only partly strengthens the Port Medical Officer's hand in examining immigrants for communicable and other diseases, because this relates only to cases which are specially referred to him by the Immigration Officer. By the end of the year, no problems had arisen regarding the provision of special accommodation or medical facilities resulting out of work under this Act.

Maternal and Child Health

In 1962 there was a further increase in the birth rate, with continued pressure on hospital maternity bed accommodation, which in turn resulted in an increasing number of early discharges of mothers and babies. In consequence, the midwifery service continued to work under considerable pressure.

For years, the supply of home helps has been inadequate to meet the demands made on this service, more particularly by old people who count for 92 per cent of all the hours worked by home helps in the City. In practice, the home help service does not prove so useful as an adjunct to the maternity service as one would like. There are various reasons for this, e.g. the priority needs of old people, but also the deterrent effect of the family having to pay the full cost for the home help in the majority of maternity cases who might

benefit. If the birth rate continues to rise, and with a continuing shortage of maternity bed accommodation, it might be necessary to consider setting up a "maternity aide" scheme along the lines of that provided in Holland, to help these cases.

In August 1962, the Ministry of Health asked all Local Health Authorities for information concerning babies born since the beginning of 1960 with congenital abnormalities of the type described as associated with thalidomide taken during early pregnancy. Nineteen such children were known in the City, but in only three of these cases was there a definite history of association with thalidomide, and 5 of the 19 had died at an early age. The surviving children are all under consultant supervision and treatment; one severely handicapped child is in Chailey Heritage, Sussex, and another is awaiting admission.

During the year the health visitors continued their phenylketonuria tests. The aim for each baby is two tests — the first between the 10th and 14th day, and the second between the 4th and 6th week after birth. Over 11,000 tests were done during the year, as a result of which further tests had to be made on three suspected cases which fortunately proved to be negative.

As in 1961, a course for training health visitors in the ascertainment of early deafness was once again held under the direction of Dr. Ian Taylor, of the University Department of Audiology, Manchester. The specially trained health visitors are working in close association with the Hearing Assessment Clinic, which during the year was re-housed by kind permission of the management, at the Institute for the Deaf, King Square.

Home Help Service

During the course of the year, the Health Committee agreed to an increase in the establishment of the home help service, but demand on the service exceeds the supply, and the overwhelming predominant users are old people.

During the last few years more and more old people have been placed by the Housing Committee in multi-storey flats, and this has to some extent simplified the problem of meeting their domestic needs by the service. Under the new arrangement one home help can very often share out her time amongst quite a few old people so housed, thus saving time, money and woman power. This arrangement simplifies the administrative arrangements for sickness and holiday relief. By the end of the year, practically all the flats had been covered in this way.

Home Nursing Service

There was a continued shortage of staff, and an appeal had to be made to the hospital and general medical practitioner services for them to limit their requests for help to the more necessitous cases. This co-operation was freely given so that although the service remained 20 below strength, by the end of the year it is believed that no serious or urgent case had suffered in consequence. The average age of the Bristol home nurse is rather high and it is worrying that new recruits for training for this service are not coming forward in the numbers we would wish.

Dental Health

During the course of the year, there was much propaganda and counter propaganda on water fluoridation. In Circular 28/62 the Minister informed local authorities that he was ready to approve the making of arrangements from

water undertakers for adding fluoride to water supplies which are deficient in it naturally. Repeated tests of Bristol's water supply have shown that its fluoride content is virtually nil, and it is considered that fluoridation of Bristol's water supply would be of considerable benefit in the prevention of dental caries in young children. In November, a team from the Central Council for Health Education came to Bristol to find out the reaction of the public to the fluoridation of the Bristol supply. The two-day intensive study included public meetings, lectures to interested groups and a meeting with a representative group from the National Pure Water Association. The lack of response on the part of the public was extremely disappointing, for example, for one parent/teacher association meeting, although over four thousand invitations were sent out, there were fewer than 12 parents in attendance. It is now clear that the mechanics of this operation will be by no means simple. The Bristol Water Works Company is a private undertaking which supplies not only Bristol but many other surrounding local authorities, and it is understood that from their point of view considerable complexities will result unless all local authorities are willing to have their supplies treated. By the end of the year, a number of these authorities had already announced their intention of not accepting fluoridated water supplies. A report will be presented to the City Council on this subject during the course of 1963.

The shortage of dental man power is well known, and the decision some years ago of the Government to embark on a scheme for the training of dental auxiliaries to supplement the scarcity of dental man power was received gratefully in the public dental service.

During 1962, the first group of 60 auxiliaries qualified from the New Cross School, and Miss Rockett was appointed by the Health Committee and had settled in well by the end of the year. Preliminary reports would indicate that these auxiliaries are going to be valuable members of the public dental service, and in due course there is little doubt that as more of them are employed they will have a profound effect on the organisation of the school dental service.

Ambulance Service

Demands on the ambulance service during 1962 increased, and the total number of patients carried (171,249) was the highest since the inception of the service in 1948. The total mileage covered (807,990) was the highest since 1952, but due to increased efficiency the number of miles per patient dropped to the lowest recorded figure of 4.72.

Further progress was made during the year towards the acquisition of land for the building of a Central Ambulance Station, and it is now confidently hoped that a start will be made on this building during 1963.

Chiropody

The chiropody service continued to expand rapidly, and at the end of the year 2,340 patients were receiving treatment in clinics and 685 were being treated at home. Increasing responsibility was assumed for the treatment of residents in Corporation Old Persons Homes, and temporarily for patients suffering from diabetes and orthopaedic conditions referred by consultants of the United Bristol Hospitals.

Health Visitors and Social Workers (Welfare Assistants)

In 1962, the *Health Visitors and Social Workers Training Act* came into force. As a result of this, separate Councils for the training of health visitors

and social workers have been set up under the same Chairman — Sir John Wolfenden. I have the honour to be a member of the Health Visitor Training Council.

With the passage of time, it is likely that we shall see an increasing number of general trained social workers employed in the health and welfare fields alongside health visitors, whose training also is likely to be changed as the years go by. A course in general social work planned in accordance with the recommendations of the Younghusband Report was established at the Bristol College of Commerce in September 1962 in close collaboration with the Health and Welfare Departments in the City.

The Health Committee has already increased its establishment to include 5 supernumerary posts of welfare assistant with the intention of recruiting 'A' level school leavers who will first be given inservice training within the Health Department, and at a later stage be sent for the two-year Younghusband Course of training before they return to work for the Corporation.

Miss Moncaster, the Senior Medical Social Worker in the Department and one or two of her colleagues carried out the first of the inservice training courses within the Department during 1962 and account of this is given in Appendix A.

Health and Welfare — Ten-Year Programme

Following the publication of the Command Paper—"A Hospital Plan for England and Wales", which set out a plan for the development of the hospitals over the next decade, the Minister of Health asked County and County Borough Councils to submit a complementary plan for Health and Welfare Services for the prevention of illness and for care in the community.

After a series of meetings of senior officers, a schedule was prepared outlining projects and developments envisaged over the next ten years. These proposals were then studied and discussed at officer level with the South West Regional Hospital Board, the Board of Governors of the United Bristol Teaching Hospitals, the Local Medical Committee and the Welfare Services Department. Great interest was displayed, and no adverse criticism or contrary suggestions were made.

The Health Committee approved the programme with very little amendment. (A summary is reproduced in Appendix B).

The programme will be reviewed and revised every year, so that we shall always be looking one decade ahead.

Mental Health Service

The Mental Health Service is one of the growing points of the public health services, and during the year considerable progress was made towards the completion of the Bush Training and Occupation Centre, and a Special Care Unit, which it is anticipated should become available for use in May 1963. In addition, the Committee approved in principle the provision of a hostel for the mentally ill in Whitehall, and a further hostel for the elderly mentally disordered on a site in Wells Road, close to the Bush Training Centre. The Committee's Ten-Year Development Plan gives further information about additional hostels it is proposed to develop in the next few years.

By kind permission of the Board of Management, Steevens' House was made available for the old people's section of the Therapeutic Social Club, and it is hoped that when the work at Marlborough House is transferred to the Bush

Training Centre that additional social club facilities will be developed at Marlborough House.

The effect of the *Mental Health Act* of 1959 will be to shift the centre of gravity of the mental health service from the hospital bed to the hospital outpatient department and to the community. This trend can only be followed successfully provided there is a sufficiency of trained mental welfare officers to support the mentally ill in their own homes and in the community. At the present time there is a nation wide shortage of trained and qualified mental health officers, and the Mental Health Section was four under strength throughout most of the year. This has meant almost limiting the care and after-care service to emergency work, and has thrown a considerable burden on existing members of the staff. Nevertheless, the Committee have laid down long term plans which should do much to remedy this shortage.

The Mental Health Section continued to work in close liaison with the Industrial Therapy Organisation in the rehabilitation of the mentally ill, and half the total referrals from I.T.O. are now from the community. One of the mental welfare officers attends I.T.O. regularly to give assistance, and a health visitor acts as a link between I.T.O. and the patients' homes and the Mental Health Section.

A refresher course in Clinical Psychiatry for mental health workers was held at Wills Hall in March, and proved most useful, being attended by 66 mental welfare officers, and others from all parts of the country.

Environmental Health Services

Steady progress has been made in dealing with various aspects of housing. The representation of houses for clearance area action has been slower than for some years, but the larger areas of clearance type property have now been dealt with and there remain the smaller pockets of houses for which demolition is the only real solution. The spread of these activities throughout the City is more time consuming than inspections in one large area, but in spite of this, more attention has been given to certain other aspects of housing work. One of the major problems now facing local authorities is the question of houses in multi-occupation and the *Housing Act, 1961*, gives statutory powers for improving the unsatisfactory conditions of families living in this type of accommodation. This City has many houses shared by families in this way, and measuring them against new standard and securing improvements will be a major task.

The measures designed to reduce atmospheric pollution have continued by the control of new and existing boiler installations, and the making of Smoke Control Orders. The *Clean Air Act* demands a great deal of attention from the Department regarding the height of new chimney stacks and the approval of new installations designed to prevent smoke emission. Smoke Control Order No. 6 came into operation during the year and nearly 10 per cent of all premises in the City are now burning fuel smokelessly. The change over to smokeless methods in many cases with the aid of a grant has generally been smooth and occupiers have come to appreciate the need for this reform.

The Department has a responsibility to see that food supplies are clean and safe and whilst it is true to say that the control of food has improved in recent years, much remains to be done. A good knowledge of hygienic food handling by food trade employees and the active interest of all managements are obvious aims in this connection, whilst more research into possible dangers from food additives is also desirable.

The Chief Scientific Adviser and Public Analyst, Mr. E. G. Whittle, reports that during the year he initiated a survey of pesticide residues in food. During the December quarter, 65 random samples of fresh fruit and vegetables were taken, but no significant residues were shown. He also brought to light faulty practices in the canning of corned beef by an Argentine firm, the cans containing excessive amounts of lead. As a result of this, several thousand cans had to be destroyed, but it led to the correction of the fault and subsequent checks have shown the product of this firm to be satisfactory. The Public Analyst also draws attention to the new process of tenderising meat with papain injections, which in his view, although probably harmless, necessitates adequate labelling of the meat.

For some years the Department has arranged in collaboration with the University of Bristol a refresher course for Public Health Inspectors. This annual event is stimulating and much appreciated by the Bristol staff and their colleagues in surrounding districts.

The demands on the Environmental Health Section are growing with new legislation, but the report will show that every effort is being made to cover all duties as far as possible. However, it must be admitted that the frequency of inspection is dictated by the staff available, and for many years the inspectorial staff have been running at some 25 per cent or more under establishment.

Health Centres

The William Budd Health Centre for General Medical Practitioners continues to operate with great success, and has been the subject of study of many visiting general practitioners.

Towards the end of the year the Health Committee agreed to provide a further Health Centre for general medical practitioners working in the St. George area, and it is hoped that this will be in operation by the end of 1963.

Staff

In June, John James Milton, a former Alderman of the City, passed away. He was first elected to the Council in 1913 and was immediately appointed to the Health Committee and, with the exception of a short break between 1949 and 1952, was a member until he resigned for health reasons in April 1961. He was Chairman for many years, during which time rapid strides were made in the development of the health services of the City. He was a man of great vision and imagination who did not spare himself in his efforts for the welfare of his fellow citizens. We undoubtedly owe him a debt of gratitude for a life time of service.

The death of Dr. David T. Richards in February came as a great shock to all who knew him. He joined the Department in 1937 and in 1942 was appointed Senior Assistant at the Port. Much of the credit for building up a Sea and Air Port Health Service was his, and he will be greatly missed by his many friends and colleagues.

In March, Mr. Edward Russell died at the age of 92 years. He had been the City Analyst from 1914 to 1934, having played a great part in its early development.

During the course of the year, Doctors Jahoda, Faulkner, Pauli and Chesham resigned from the staff, the first three to retirement and the latter to take up an appointment in Cheshire. Dr. Alderson was seconded to undertake some fundamental research into causes of mortality. He is heading a small research team for this project which is part of a larger piece of work being undertaken by the Pan American Sanitary Bureau.

Dr. Febry was appointed Senior Medical Officer, Port in May 1962; Dr. Sutcliffe, First Assistant Medical Officer for Epidemiology; and Doctors Whisker, Rich, Dent, Price and Joshua were all appointed as new Assistant Medical Officers in the Department.

In this brief preface it has proved impossible to refer to all the interesting developments which have taken place during the year in the Bristol Health Department. The report as usual has been compiled by many contributors, not all of whom are named. My grateful thanks are extended to all members of the staff for their continued hard work and loyalty throughout the year. I am also considerably indebted to the Chairman and Vice Chairman and Members of the Health Committee, and my Chief Officer colleagues for their unfailing support and guidance.

I am,

Your obedient servant,

R. C. WOFINDEN,

Medical Officer of Health.

APPENDIX A

IN-SERVICE TRAINING FOR WELFARE ASSISTANTS

A Pilot Scheme in Bristol

By MARION MONCASTER, A.M.I.A.

Senior Medical Social Worker (Tutor Organizer);

BRENDA STUBBS, B.A., A.A.P.S.W.

Senior Psychiatric Social Worker (Tutor); and

MARGARET SWINDEN, Dip.Soc.Sc.

Senior Social Welfare Officer (Tutor)

*Department of Public Health and Welfare Services Department
Bristol Corporation*

In 1961, following the Government's decision to implement the main recommendations of the Younghusband Report, Bristol Corporation Health Committee decided to experiment with in-service training for welfare assistants and with the co-operation of other departments concerned with social care a pilot scheme was planned for the first two appointed to the Health Department staff. The result of this was so promising that discussions between the Medical Officer of Health and the Welfare Services Officer followed and a Joint Induction Course for welfare assistants from both departments was planned, the first of these taking place in the autumn of 1962. It followed closely the pattern devised for the pilot scheme with some alteration of content to meet the need for preparation for a wider field of work and three senior social workers from the two departments acted as tutors. As other authorities are also embarking on similar projects it may be of interest to consider the aims, method, and result of this type of training for entrance to the field of social work.

In planning a programme for in-service training the tutors had a limited objective, being chiefly concerned to set standards to create a good pattern of practice and care was taken to make it sufficiently challenging to promote a desire to learn and to deepen understanding without overstimulation. A six week induction course was designed to give a general though necessarily restricted view of the social services and to show where social work fits in to the total pattern and, in addition, to give some knowledge of human growth and behaviour and the first principles of social work practice. For the majority of welfare assistants who, in all probability, will be permanently employed in this capacity the induction course is the end of training, but for the minority who are selected as potential candidates for a Younghusband course, there will be a continuation of study on the basis of a half-day release. This will be organised to help them to relate theory to practice, to go on learning and to profit by the knowledge they will gain of people and situations.

To give the programme of the induction course coherence the general plan was to look at the services as they related to particular groups of people from youth to old age, and each week had an appropriate theme. The first week of study covered the historical background to the social services and social work as a profession; in the second the theme was the family, and in the third the sick. The fourth was devoted to the handicapped, the fifth to the homeless and problem families, and the sixth to the elderly. Apart from the first week which was devoted to theory, all others were divided into three days of theory and two of observation. A day of visiting was arranged at the beginning and end of each week to amplify particular aspects of the week's study.

Students were asked to keep day books in which they recorded their impressions of visits of observation and notes of lectures. The purpose of these was two-fold, to enable the students to compile useful reference books and to give the tutors an opportunity to assess how well they were assimilating knowledge and to eradicate any misconceptions which might arise out of incomplete knowledge as each subject had to be enormously condensed. They were provided with a book list for further study following the course but all did a certain amount of reading during it although this was not expected of them.

The students, all of whom had a good general education and a wide variety of experience, ranged in age from 18 to 50. Four of them had been selected as potential candidates for a Younghusband course. The youngest had left school only six weeks earlier and of the remainder three had knowledge of local authority work of a non-personal nature, two had some nursing training, one had been an assistant to an industrial welfare officer, another a teacher of art, and three had been employed in health and welfare departments. Of the total, seven had spent only three months in a department orientated towards social work.

The students were only slightly acquainted before the course began, but they achieved unity as a group very quickly, were responsive and eager to learn and lively in discussion. The tutors had anticipated that the older members would find difficulty in adapting to classroom work but they showed a great deal of resilience and the transition was not as painful as anticipated. Because the age range was so wide and experience so varied all were able to make a worthwhile contribution and they learned much from one another. This process of growth was continuous and enabled the students to overcome some of the disadvantages of a too tightly packed programme. One of its fruits was the development among its members of a clear understanding of the aim and purpose of social work and because they had been able to relate social work practice and principles to the knowledge they had gained through the lectures and discussions on human growth and behaviour, the depth of their understanding was far greater than the tutors had expected.

Some of the students had anticipated that the course would equip them to function fully and efficiently as welfare assistants but later came to a realization that it was a springboard to the acquisition of greater knowledge and became aware of their own limitations and their need to go on learning. They were beginning to see the value of good working relationships both in the interest of the clients and in avoiding duplication of effort and to recognize the boundaries of other workers in the field. However, in some, a strongly developed sense of loyalty to the public service blinded them to the best kind of voluntary effort.

The course was planned to cover a six-week period and this proved inadequate, for, in an endeavour to give a general and not too distorted a view, the programme emerged in a too concentrated form and this was a defect. There was insufficient time for discussion to enable the content of the course to be assimilated and its value was correspondingly diminished. Some subjects were over- and others under-emphasized and, in some instances, the lectures would have been better combined with visits of observation. A period of eight weeks would permit a better balanced syllabus and afford enough time for discussion of general subjects and of human growth and behaviour, a topic which the students found quite absorbing and wanted to know much more about. More time also needs to be spent on present day administration of local government and on working relationships.

For the four welfare assistants who may go forward for further training there will be a half-day study release each week over a twelve-month period. This will be in the form of fortnightly seminars with one of the psychiatric social workers on the sociological aspects of human behaviour and on the principles and practice of social work with the medical social worker. On alternate weeks the half day will be spent in reading in preparation for the seminars. Each welfare assistant will have a period of observation in the Children's Department and practical work supervised by senior social workers will be undertaken in each field of social work in which Health and Welfare Departments have some responsibility.

This year the course was held at the College of Commerce and apart from the enjoyment of hospitality and student facilities of the College, the group had the benefit of lectures on social history and local government from one of the staff. It was, undoubtedly, stimulating both to students and tutors to be part of an organization primarily concerned with teaching.

SYLLABUS OF THE BRISTOL COURSE—FIRST THREE WEEKS

	1st WEEK MONDAY 8.10.62	TUESDAY 9.10.62	WEDNESDAY 10.10.62	THURSDAY 11.10.62	FRIDAY 12.10.62
9.15		10.0 Introduction to Course—Miss M. Moncaster. History of Social Work. Miss E. M. Shaw Snr. Lecturer in Social Studies, University of Bristol. Chairman: Mr. S. J. Welsman.	Social Work Principles and Practice. Miss M. Moncaster and Miss M. Swinden. 10.45. Social History—Mr. Holmes.	Human growth and development. Miss B. Stubbs, Snr. Psychiatrist Social Worker, Dept. of Public Health. Social History (History of Local Government). Mr. Holmes.	Visit to Mother and Baby Home, Swindon Road, Bristol. In company of Miss Reed, Social Welfare Officer, Dept. of Public Health.
2.15		Social History of England. Mr. P. W. de Lance Holmes. Asst. Lecturer, Dept. of Professional Studies, College of Commerce. Work of the Health Visitor in field of Maternal and Child Care—Miss A. I. Rowbottom Deputy Chief Nursing Officer, Dept. of Public Health.	National Health Services Act and responsibilities of a Medical Officer of Health. Dr. J. F. Skone, Deputy Medical Off. of Health, Dept. of Public Health. 3.15. The School Health Service. Dr. A. L. Smallwood, Snr. Medical Officer, Dept. of Public Health.	Role of the Voluntary Organisation—Mr. J. K. Brownlee, General Secretary, Bristol Council of Social Service. Present day Administration of Local Government, Internal and External relationships, Mr. S. Welsman, Welfare Services Officer, Bristol Corporation.	Visit to Royal School for the Blind, Henleaze Road, Bristol. Headmaster—Mr. Ray.
3.30					
	2nd WEEK MONDAY 15.10.62	TUESDAY 16.10.62	WEDNESDAY 17.10.62	THURSDAY 18.10.62	FRIDAY 19.10.62
9.15		Handicapped Children (Film).	Child & Family Guidance, Miss B. Stubbs.	Human growth and development, Miss B. Stubbs.	
10.30	Visit to South Bristol School for Physically Handicapped Children, Mr. C. Williams, Headmaster.				10.30. Visit to Dr. Barnardos Home, Whiteladies Road, Bristol, 8, Matron Miss Coulton.
11.00		The Children's Act and responsibilities of Children's Off. Mr. T. Johnston, Children's Officer.	Home Helps Services, Miss M. R. Epplestone, Home Help Supt., Dept. of Public Health.	The Nat. Society for the Prevention of Cruelty to Children, Mr. R. Elliott.	
2.15	1.45. Visit to Spastics Assoc. Day Centre, Stratton St., Bristol, 2.	Midwifery Services. Miss D. I. Gearing, Supt. of Midwives, Dept. of Public Health.	The National Assistance Act and work of Board Executive Officer, Nat. Assistance Board.	Family Casework. Miss D. Himsforth, Secretary, Personal Services Dept., Bristol Council of Social Service.	2.30. Visit to St. Raphael's Mother and Baby Home, Henbury. In company of Miss Reed.
3.30	3.00. Visit to Spastics Assoc. Workshops, Dovecourt Rd., Bristol, 7. Manager—Major Loaker.	Social Work Principles and Practice. Miss M. Moncaster and Miss M. Swinden.	Work of the Probation Officer, Mr. M. Bendle, Chief Probation Officer, Bristol.	Welfare of the Unmarried Mother and her Child, Miss M. Reed, Social Welfare Officer, Dept. of Public Health.	
	3rd WEEK MONDAY 22.10.62	TUESDAY 23.10.62	WEDNESDAY 24.10.62	THURSDAY 25.10.62	FRIDAY 26.10.62
9.15	Visit to Ministry of Labour Industrial Rehabilitation Unit and Training Centre. Manager, Mr. Dowie.	Social Work Principles and Practice. Miss M. Moncaster and Miss M. Swinden.	Care and After-care of Chest Clinic patients and work of Voluntary Care Comm. Miss M. Grigg, Social Worker to Chest Cl. Dept. of Public Hlth.	Human Growth and Development. Miss B. Stubbs.	Visits to Grove Road Day Hospital and Barrow Gurney Hospital. Social Workers: Mrs. Jackson and Mrs. Hart.
11.00		Nat. Health Services Act. Hospital Care Mr. E. R. Benjamin, D.P.A., F.H.A., Sec., Bristol Homoeopathic Hosp.	Housing Policy and Management. Mr. J. Fleming, Deputy Housing Manager, Bristol Corporation.	The Mental Health Act and responsibilities of a Local Authority, Mr. F. Morton, Mental Health Officer, Dept. of Public Health.	
2.15	Visit to Rempoy Factory, Radnor Rd. Manager, Mr. Wood.	Social Work in a Medical Setting. Miss R. Bonsey, Head Almoner, Bristol United Hospitals.	Mental Health Services and medical care of psychiatric patients: Dr. A. Flood, Senior Hosp. Medical Off., Barrow Gurney Hospital.	Work of a Mental Health Officer. Mr. F. Morton.	
3.30		Integration of services for the prevention, treatment and after-care of patients suffering from diseases of the chest, Dr. R. A. Craig, Chest Physician.	The role of Psychiatric Social Worker in hospital and Local Authority Services. Miss M. Phillips, Tutor in Social Work, College of Commerce.	The Ministry of Labour and its function. Mr. C. F. Neale, Senior D.R.O.	

SYLLABUS OF THE BRISTOL COURSE—SECOND THREE WEEKS

	4th WEEK MONDAY 29. 10. 62	TUESDAY 30. 10. 62	WEDNESDAY 31. 10. 62	THURSDAY 1. 11. 62	FRIDAY 2. 11. 62
9.15 11.00	Visit to Health Clinic	The Disabled Persons Act. Rehabilitation and Resettlement Services of Min. of Labour, Mr. C. F. Neale, Snr. D.R.O., Bristol. Services for the Handicapped. Mrs. McLennan, Snr. Social Welfare Off., Welfare Services Department.	Social Work, Principles and Practice, Miss M. Moncaster and Miss M. Swinden, Snr. Social Welfare Officer, Welfare Services Dept.	Human Growth and Development. Miss B. Stubbs. The National Assistance Act and responsibilities of a Welf. Services Officer, Mr. Huggins, Welfare Services Department.	Session with Health Visitor.
2.15 3.30	Home Visits with Health Visitor	Work with the deaf. Rev. S. W. Hartnell, Bristol Institute for the Deaf, Bristol Branch. Aids for disabled (Films).	Work of Ministry of Pensions and National Insurance. Speaker to be arranged. The National Assist- ance Act and re- sponsibilities of a Welf. Service Off., Mr. S. J. Welsman, Welfare Serv. Off. Bristol Corporation.	Welfare for the Blind. Mr. E. H. Getliffe, Secretary, The Royal Asylum and School for the Blind Workshops, St. George's Road, Park St., Bristol, 1. Lecture and Visit.	Visits to Day Nurseries.
	5th WEEK MONDAY 5. 11. 62	TUESDAY 6. 11. 62	WEDNESDAY 7. 11. 62	THURSDAY 8. 11. 62	FRIDAY 9. 11. 62
9.15 11.00	Home Visits to Handicapped People	Social Work Principles and Practice. Miss M. Moncaster and Miss M. Swinden. General discussion.	Homeless Families in Community and temporary accommo- dation. Miss Dodd, Welfare Services Dept. Housing Policy with reference to special families and the homeless. Mr. J. Fleming.	Human Growth and Development. Miss B. Stubbs. Special Families in re-conditioned properties. Miss M. Swinden, Welfare Services Dept. Snr. Soc. Welf. Officer.	10 a.m. Visit to Wills' Factory, Bedminster.
15 30	Visit to Institute for Deaf, King Square, Rev. S. W. Hartnell.	Special Families. Dr. C. D. Hopkins, Dept. of Public Health. Free Period.	Visit to Assizes Civil Court.	Discussion on prob- lems associated with special families. Miss Dodd and Miss Swinden, Snr. Social Welfare Officers, Welfare Services Dept. Work of the Family Service Units. Mr. A. Strange, Family Service Unit, Bristol.	Church Army, Jamaica Street, Bristol, 2. Talk and Visit. Captain Taylor. 4 p.m. Municipal Hostel, Wade Street, Warden—Mr. Strange.
	6th WEEK MONDAY 12. 11. 62	TUESDAY 13. 11. 62	WEDNESDAY 14. 11. 62	THURSDAY 15. 11. 62	FRIDAY 16. 11. 62
15 30	Visit to Marlborough Hse. Training Centre and Workshop, Marlborough Hill, Bristol. Mr. F. Morton.	Work of Old People's Welfare Association plus slides. Miss N. F. Samman, D.P.A. Health Visiting in connection with the elderly. Sister Aplin, Specialist Health Visitor.	Principles and Practice of Social Casework. Work of Old People's Welfare Association. Mrs. Harris, Glos. Community Council.	Human Growth and Development. Miss B. Stubbs. Summing Up.	
15 30	Visits to Homes for Elderly	District Nursing Services. Miss G. Grazier, Snr. Superintendent, District Nurses.	Free Period. Work of the W.V.S. in relation to elderly people. Mrs. Payne, Regional Administrator.	The Medical Care of the Elderly. Dr. E. Bowles, M.O., 100 Fishponds Road, Bristol. Summing Up.	

END OF COURSE

THE HEALTH COMMITTEE, 1962

Chairman :

Alderman G. P. C. FORD

Vice-Chairman :

Mr. K. I. CRAWFORD (until May, 1962)

Mr. W. W. CLOTHIER (from May, 1962)

Aldermen :

Mrs. A. M. CHAMBERLAIN

Mrs. A. E. NUTT

Councillors :

A. B. ABRAMS

W. E. BLACKMORE

Mrs. H. BLOOM

W. A. BUSH

W. H. ENGLAND

J. D. FISK

S. T. GAMLIN

W. GRAVES

Mrs. P. M. JACOB, J.P.

H. F. G. SKEATES (from May, 1962)

M. TRAPNELL

R. J. TREVIS

PUBLIC HEALTH STAFF, 1962

Medical Officer of Health (City, Port and Schools): R. C. WOFINDEN,

M.D., B.S., D.P.H., D.P.A.

Deputy Medical Officer of Health: J. F. SKONE, M.D., B.S., D.C.H., D.P.H., D.I.H.

Principal Assistants

Chief Assistant Medical Officer of Health and Senior Medical Officer for Mental Health: H. TEMPLE PHILLIPS, M.D., B.S., D.I.H., D.C.H., D.P.H.

Senior Medical Officer—Port: Dr. G. N. FEBRY, M.B., CH.B., D.P.H.

Senior Medical Officer—School Health Service: A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

Senior Medical Officer—Maternal and Child Health: SARAH C. B. WALKER, M.D., B.S., D.P.H.

Senior Medical Officer—Epidemiology: P. W. BOTHWELL, M.D., D.P.H.

Chief Dental Officer: J. McCAIG, L.D.S., R.F.P.S.

Chief Public Health Inspector: F. J. REDSTONE, F.R.S.H., F.A.P.H.I.

Chief Administrative Officer: P. J. ROOM.

Chief Nursing Officer: Miss L. M. BENDALL, S.R.N., S.C.M., H.V.CERT.

Technical Officers

Health Education Officer: P. MACKINTOSH, B.A.

Medical Records Officer: W. B. FLETCHER, F.S.S., A.M.R.

Nutritionist: Miss M. CHAPMAN.

Scientific Adviser

E. G. WHITTLE, B.SC., F.R.I.C.

EMPLOYMENT IN THE BRISTOL AREA

The figures are estimates based partly on the number of National Insurance cards exchanged in the quarter beginning June, and partly on returns rendered by employers of five or more workpeople, showing the number of insurance cards held by them.

Where information is available that cards were exchanged at one Local Office for persons working in the area of another Local Office, the figures for the former Office have been reduced and those for the latter correspondingly increased in order to make the figures in all cases relate as closely as possible to the numbers working in each area.

This statement has been prepared for the purpose of providing an approximate indication of the industrial structure of the area. The figures are not sufficiently precise to enable comparisons to be made in detail between consecutive years and no significance should be attached to relatively small changes.

We are indebted to Mr. D. G. Knight, Manager of the Bristol Employment Exchange of the Ministry of Labour for information contained in this Section.

Estimated numbers of Employees in the Greater Bristol Area (including Avonmouth Kingswood and Westbury-on-Trym) at June 1962

<i>Industry</i>	<i>Males Aged 15 and over</i>	<i>Females Aged 15 and over</i>	<i>Total</i>
Agriculture, Forestry, Fishing	1,186	328	1,514
Mining and Quarrying	577	38	615
Food, Drink and Tobacco	10,749	8,891	19,640
Chemicals and Allied Industries	3,344	975	4,319
Metal Manufacture	2,350	382	2,732
Engineering and Electrical Goods	10,109	2,044	12,153
Shipbuilding and Marine Engineering	1,324	136	1,460
Vehicles	25,089	3,037	28,126
Metal Goods not elsewhere specified	2,137	713	2,850
Textiles	813	580	1,393
Leather, Leather Goods and Fur	253	131	384
Clothing and Footwear	1,908	3,532	5,440
Bricks, Pottery, Glass, Cement, etc.	1,275	379	1,654
Timber, Furniture, etc.	2,743	769	3,512
Paper, Printing and Publishing	10,904	6,000	16,904
Other Manufacturing Industries	2,217	721	2,938
Construction	21,000	945	21,945
Gas, Electricity and Water	4,765	894	5,659
Transport and Communications	18,227	2,341	20,568
Distributive Trades	18,624	17,087	35,711
Insurance, Banking and Finance	3,164	2,820	5,984
Professional and Scientific Services	10,907	18,320	29,227
Miscellaneous Services	8,900	12,044	20,944
Public Administration	3,846	1,535	5,381
Ex-Service Personnel not classified by Industry	2	—	2
Industry not stated	12	8	20
	<hr/> 166,425	<hr/> 84,650	<hr/> 251,075

THE WEATHER IN 1962

Air Temperature (°C)					Rainfall (")			Sunshine (hours)		Soil Temperature at 0900 G.M.T. (°C)				
Means A Max.	Means B Min.	Means of A & B	Diff. from normal	Max.	Min.	No. of ground frosts	Total	Percent of average	Most in a day	Daily mean	Percent of average	4"	8"	24"
8.2	1.8	5.0	+0.6	12.8	-11.1	18	5.14	154	0.72	1.86	114	3.4	4.1	5.2
7.7	2.1	4.9	+0.1	11.7	-2.8	13	0.49	19	0.16	3.02	124	4.2	4.8	6.2
7.6	-0.8	3.4	-3.2	13.9	-6.7	22	1.52	65	0.74	4.47	129	2.8	3.5	4.7
12.4	4.5	8.5	-0.2	20.0	1.7	16	2.01	9.2	0.54	5.81	111	7.8	7.6	7.9
14.4	6.7	10.4	-1.3	17.8	0.0	7	2.11	82	0.47	6.16	91	11.4	11.0	11.4
19.2	9.2	14.2	-0.5	23.9	0.6	4	0.49	22	0.17	10.00	141	16.3	15.7	14.9
19.6	11.6	15.6	-0.9	25.6	5.6	0	1.68	54	0.71	5.29	92	16.8	16.6	16.4
18.3	11.3	14.8	-1.3	21.1	7.2	0	5.73	157	1.90	5.58	103	15.5	15.4	16.3
16.8	9.3	13.1	-0.8	21.1	2.2	6	3.41	105	0.91	4.22	100	13.6	13.8	15.6
14.5	6.6	10.6	-0.1	18.9	-1.7	14	0.95	24	0.30	3.36	96	10.7	11.1	13.1
8.9	2.9	5.9	-1.2	13.9	-3.9	16	2.10	57	0.40	1.48	78	6.1	6.7	9.2
5.6	-0.1	2.7	-2.5	12.2	-8.9	25	2.30	65	0.53	2.09	147	2.9	3.8	6.4
Totals or Means	12.8	5.4	-0.9	—	—	141	27.93	76	—	4.45	110	9.3	9.5	10.6

Figures supplied by courtesy of the University of Bristol's Horticultural Research Station, Long Ashton.

SUMMARY OF VITAL STATISTICS

Population

The Registrar General has estimated the home population (including H.M. Forces stationed in the area) at mid-year 1962 to be 434,260, a decrease of 1,740 on that for the previous year. The rates for 1962 are based upon this estimated figure.

The figures given in the following tables for births, stillbirths, and deaths (but not marriages) are those allocated by the Registrar General to Bristol as registered during the respective years and corrected for inward and outward transfers according to residence.

	1961	1962
Estimated home population (mid-year) ...	436,000	434,260
Marriages ...	3,725	3,606
Rate (persons married) per 1,000 population ...	17.1	16.6
Births registered during year ...	7,061	7,249
Rate per 1,000 population ...	16.2	16.7
Rate per 1,000 population adjusted (ACF. 1962 1.00) ...	16.03	16.7
Stillbirths registered during year ...	138	118
Rate per 1,000 total births ...	19.2	16.0
Deaths registered during year ...	5,384	5,495
Crude rate per 1,000 population ...	12.4	12.7
Adjusted rate per 1,000 population (ACF. 1962 0.97) ...	11.9	12.3
Natural increase (per 1,000 population) ...	3.9	4.0
Deaths under one year registered during year ...	125	151
Rate per 1,000 live births registered during year ...	17.7	20.8
Deaths under four weeks registered during year ...	99	99
Rate per 1,000 live births registered during year ...	14.0	13.7
Deaths under one week registered during year ...	89	87
Rate per 1,000 live births registered during year ...	12.6	12.0
Peri-natal mortality (Still births plus 1st week deaths) ...	227	205
Rate per 1,000 total (Live and Still) births ...	31.5	27.8
Deaths from puerperal causes registered during year ...	1	1
Rate per 1,000 total births registered during year ...	0.14	0.14

Marriages

	Number of marriages during year	Rate persons married per 1,000 popn.
1962 ...	3,606	16.6
1961 ...	3,725	17.1
1960 ...	3,407	15.7
1959 ...	3,334	15.3
1958 ...	3,213	14.7
1957 ...	3,446	15.7
1956 ...	3,581	16.3
1955 ...	3,535	16.0
1954 ...	3,377	15.2
1953 ...	3,460	15.6
1952 ...	3,585	16.2
1951 ...	3,506	15.9
1950 ...	3,512	15.9
1949 ...	3,783	17.2
1948 ...	3,786	17.4

Births

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
R.G.'s figures:—												
Registered live births (Bristol citizens) ...	6,872	6,760	6,945	6,691	6,531	6,669	6,984	6,978	6,663	6,889	7,061	7,249
Birth rate per 1,000 pop.	15.6	15.2	15.6	15.0	14.8	15.1	15.9	15.9	15.3	15.9	16.2	16.7
Live births notified in Bristol during the year (Births are notified in the district where they occur)	7,511	7,557	7,781	7,641	7,469	7,785	8,324	8,580	8,265	8,815	9,027	9,330
Non-citizens included above (notified) ...	844	900	917	1,060	1,129	1,259	1,429	1,587	1,671	1,921	1,879	2,075

Illegitimacy (Rate: 81 per 1,000 live births registered during year).

	1961	1962
Registrar General's total—		
Illegitimate live births (corrected for residence)	488	587
Illegitimate live births as percentage of total (corrected) live births	6.9	8.1

Stillbirths Total No. (corrected by R.G. for residence) registered during 1962—118 (1961—138). Rate: 16.0 per 1,000 total births registered.

Deaths Rate: (Crude) 12.65 per 1,000 population.
(Adjusted) 12.27 per 1,000 population (Area Comparability Factor 0.97).

During 1962 the total number of deaths actually occurring in Bristol within the year was 6,002 of which 1,026 were non-citizens. The number of inward transfers in respect of citizens who died outside the City area was 475.

The Registrar General's corrected figure for deaths of Bristol citizens registered during 1962 is 5,495 and the crude death rate is 12.7 per 1,000 population. Comparable figures of the Registrar General for 1961—5,384 deaths and the rate—12.4.

Natural Increase Rate: 4.04 per 1,000 population.

	1961	1962
Bristol births registered during year	7,061	7,249
Bristol deaths registered during year	5,384	5,495
Natural increase	+1,677	+1,754

Infant Mortality (Rate: 21)

Total deaths of Bristol citizens under 1 year of age registered during 1962	151
Rate per 1,000 registered live births (Bristol citizens)	20.8
	1962 1961 1960 1959 1958 1957 1956 1955 1954 1953 1952
Legitimate infant mortality rate per 1,000 legitimate live births reg. in the year	20.0 17.8 19.4 18.9 20.3 18.1 19.6 18.9 20.7 22.3 20.9
Illegitimate I.M. rate per 1,000 illegitimate L.B. registered in the year	30.7 16.4 25.4 31.1 26.8 23.9 13.7 24.6 22.0 12.9 33.1

Neo-Natal Deaths (i.e., deaths under 4 weeks of age)

Total deaths of Bristol citizens in this age-group, registered during 1962 ... 99

Rate per 1,000 registered live births (Bristol citizens) 13.7

During 1962 the deaths of 99 babies during the first four weeks of life were registered (Bristol citizens). (Comparable figure for the year 1961 is 99 also).

These deaths represent 66 per cent of the total infants (Bristol citizens) dying under one year of age (79 per cent in 1961).

In 1962, 50 of these deaths occurred on the first day and 36 in the remainder of the first week.

For 1962 of the total of 99 neo-natal deaths, shown by the Registrar General, 12 were of illegitimate babies. This gives a legitimate neo-natal mortality rate of 13 per 1,000 legitimate live births registered in 1962 and an illegitimate neo-natal mortality rate of 20 per 1,000 illegitimate live births registered in 1962.

Maternal Mortality There was one maternal death in 1962. A mother aged 40 years having her fourth confinement. She had a caesarean section for an abnormal presentation of the foetus, but collapsed and died shortly afterwards as a result of haemorrhage due to a sudden failure in the clotting power of the blood, a condition which could not have been foreseen and which was not amenable to treatment.

VITAL STATISTICS

TABLE I. Population, marriages, births, deaths, natural increase, infant mortality—for Calendar Year 1962 and previous six years—
(Registrations during year)

Supplied by the Registrar General

	1962	1961	1960	1959	1958	1957	1956
<i>Estimated population. Home (mid-year):</i>	434,260	436,000	433,750	436,600	438,000	439,600	440,500
<i>Marriages:</i>							
Number	3,606	3,725	3,407	3,334	3,213	3,446	3,581
Rate persons married per 1,000 population	16.6	17.1	15.7	15.3	14.7	15.7	16.3
<i>Birth registrations:</i>							
Legitimate—males	3,403	3,436	3,329	3,313	3,416	3,444	3,271
females	3,259	3,137	3,127	3,028	3,226	3,205	3,105
Illegitimate—males	321	251	231	166	175	166	150
females	266	237	202	156	161	169	143
Total	7,249	7,061	6,889	6,663	6,978	6,984	6,669
Rate per 1,000 population	16.7	16.2	15.9	15.3	15.9	15.9	15.1
Illegitimate live births per cent of total live births	8.1	6.9	6.3	4.8	4.8	4.8	4.4
<i>Stillbirth registrations:</i>							
Legitimate—males	56	60	49	63	62	73	85
females	55	68	40	63	55	78	72
Illegitimate—males	3	5	4	1	3	5	4
females	4	5	8	7	2	2	9
Total	118	138	101	134	122	158	170
Rate per 1,000 live and still-births	16	19	14	20	17	22	25
<i>Total live and still-births</i>	7,367	7,199	6,990	6,797	7,100	7,142	6,839
<i>Death registrations:</i>							
Males	2,762	2,602	2,617	2,573	2,613	2,586	2,727
Females	2,733	2,782	2,643	2,601	2,614	2,598	2,668
Total	5,495	5,384	5,260	5,174	5,227	5,184	5,395
Rate per 1,000 population	12.7	12.4	12.1	11.9	11.9	11.8	12.3
<i>Natural increase per 1,000 population</i>	4.0	3.9	3.8	3.4	4.0	4.1	2.9
<i>Deaths under one year (registered):</i>							
Legitimate	133	117	125	120	135	120	125
Illegitimate	18	8	11	10	9	8	4
Total	151	125	136	130	144	128	129
Rate per 1,000 live births	21	18	20	20	21	18	19
Legitimate infant mortality rate—per 1,000 live births, legitimate	20	18	19	19	20	18	20
Illegitimate I.M. rate per 1,000 live births, illegit.	31	16	25	31	27	24	14
Deaths under four weeks: Total deaths	99	99	99	93	101	96	97
Neo-natal mortality rate per 1,000 live births	14	14	14	14	14	14	15
Perinatal mortality rate per 1,000 live & still births	28	32	27	32	29	—	—
<i>Diarrhoea and Enteritis (under two years):</i>							
Deaths	5	2	1	1	2	3	2
Rate per 1,000 live births	0.69	0.28	0.15	0.15	0.29	0.43	0.30
<i>Maternal mortality (including abortion):</i>							
Deaths from:							
Sepsis of pregnancy, childbirth and the puerperium	—	—	—	—	—	—	1
Abortion with toxæmia	—	—	—	—	—	—	—
Other toxæmias of pregnancy and the puerperium	—	1	—	—	—	1	—
Haemorrhage of pregnancy and childbirth	—	—	—	—	—	—	—
Abortion without mention of sepsis or toxæmia	—	—	—	—	1	—	—
Abortion with sepsis	—	—	1	—	—	—	—
Other complications of pregnancy, childbirth and the puerperium	1	—	—	2	1	—	1
Total deaths	1	1	1	2	2	1	2
Rate per 1,000 total births (live and still)	0.14	0.14	0.14	0.29	0.28	0.14	0.29

TABLE 2. Birth-rates, death-rates, analysis of mortality, maternal mortality and case-rates for certain infectious diseases in the year 1962

Supplied by the Registrar General

(Provisional figures based on quarterly returns)

		BRISTOL		ENGLAND & WALES	
		Rates per 1,000 Home Population	Rates per 1,000 Total Births (Live & Still)	Rates per 1,000 Home Population	Rates per 1,000 Total Births (Live & Still)
Birth Registrations :					
Live	...	...	16.7	18.0*	
Still	...	...	16.0		18.1
Death Registrations :					
ALL CAUSES (Crude)	...	...	12.65	11.9	
	(Adjusted)	...	12.27		
Typhoid and paratyphoid fevers	...	...	—
Whooping Cough	...	...	—
Diphtheria	...	...	—
Tuberculosis	...	...	0.07		
Influenza	...	...	0.08		
Smallpox	...	...	—
Acute poliomyelitis (including polioencephalitis)	...	...	—
Pneumonia	...	...	0.68		
Notifications (corrected) :					
Typhoid fever	...	...	0.00		
Paratyphoid	...	...	—
Meningococcal infection	...	...	0.01		
Scarlet fever	...	...	0.24		
Whooping cough	...	...	0.38		
Diphtheria	...	...	—
Erysipelas	...	...	0.07		
Smallpox	...	...	—
Measles	...	...	0.32		
Pneumonia	...	...	0.20		
Acute poliomyelitis (including polioencephalitis) :—					
Paralytic	...	...	—
Non-paralytic	...	...	—
Food poisoning	...	...	0.31		
Puerperal pyrexia	...	...	2.85		
				<i>Rates per 1,000 Live Births</i>	
				<i>Bristol</i>	<i>England & Wales</i>
Deaths under one year of age	...	...	...	20.8	21.4 †
Deaths from diarrhoea and enteritis (under 2 years of age)	...	...	...	0.69	
Maternal Mortality :					
		<i>Rates per 1,000 Total Births</i>		<i>Rate per Million</i>	
		<i>(i.e., Live and Still)</i>		<i>Women</i>	
		<i>Deaths</i>	<i>Deaths</i>	<i>aged 15 to 45</i>	
<i>No.</i>	<i>Rate</i>	<i>No.</i>	<i>Rate</i>	<i>(England & Wales)</i>	
BRISTOL		ENG. & WALES			
Maternal causes—excluding abortion	...	1	0.14	243	26
Due to abortion	...	—	—	57	6
Total maternal mortality	...	1	0.14	300	32

§ Figures not available.

* The provisional live birth rate shown above for England and Wales is the highest since 1947.

† The provisional infant death rate for England and Wales is the lowest ever recorded in the country.

TABLE 3. Total deaths of Bristol Citizens by cause and age registered during Calendar Year 1962

Compiled from figures supplied by the Registrar General

All Causes	DISEASE					Sex	All ages	0-	1-	5-	15-	45-	65-	75 & over
			78	18	9	133	787	766	971
						M	2,762	73	11	7	65	400	196	1,481
						F	2,733							
1. T.B. Respiratory	M	14				2	8	2	2
						F	9				1	6	2	
2. T.B. Other	M	2					1	1	
						F	4				1	2	1	
3. Syphilitic Disease	M	4					1	1	2
						F	2							1
4. Diphtheria	M	—					1		
						F	—							
5. Whooping Cough	M	—							
						F	—							
6. Meningococcal Infection	M	1		1					
						F	1			1				
7. Acute Poliomyelitis	M	—							
						F	—							
8. Measles	M	1		1					
						F	—							
9. Other Infective and Parasitic Diseases	M	4				3		1	
						F	2					1	1	—
10. Malignant Neoplasm of Stomach	M	69				1	29	26	13
						F	57					8	24	25
11. „ „ „ Lung, Bronchus	M	188				3	93	71	21
						F	23				1	10	9	3
12. „ „ „ Breast	M	1					1		
						F	88				6	42	24	16
13. „ „ „ Uterus	F	36				2	10	13	11
14. „ Other & Lymph. Neoplasms	M	227		2	1	11	80	64	69
						F	212	1			11	54	62	84
15. Leukaemia, Aleukaemia	M	11			1	3	2	3	2
						F	12			1	2	2	5	2
16. Diabetes	M	13					5	3	5
						F	26				1	2	14	9
17. Vascular Lesions of Nervous System	M	300				5	51	95	149
						F	483				9	51	133	290
18. Coronary Disease, Angina	M	630				17	243	193	177
						F	388				2	56	126	204
19. Hypertension with Heart Disease	M	98				1	30	35	32
						F	104					17	38	49
20. Other Heart Disease	M	249				8	31	53	157
						F	402				1	40	72	289
21. Other Circulatory Disease	M	192				8	37	34	113
						F	278				4	15	41	218
22. Influenza	M	18				3	3	7	5
						F	15					1	6	8
23. Pneumonia (including Pneu. of Newborn)	M	139	14	4	1	5	20	25	70
						F	158	12	2		2	11	34	97
24. Bronchitis	M	211					53	85	73
						F	87	1				9	23	54
25. Other Diseases of Respiratory System	M	24				1	9	7	7
						F	12					4	4	4
26. Ulcer of Stomach and Duodenum	M	31				1	9	11	10
						F	15					1	6	8
27. Gastritis, Enteritis and Diarrhoea	M	12	3				2	1	6
						F	10	2				3	5	
28. Nephritis and Nephrosis	M	11				2	4	3	2
						F	11				3	2	2	4
29. Hyperplasia of Prostate	M	24					2	3	19
30. Pregnancy, Childbirth, Abortion	F	1				1			
31. Congenital Malformations	M	31	22	2	1	4	2		
						F	31	21	4	3	2			1
32. Other Defined and Ill-Defined Diseases	M	152	39	3	4	13	39	29	25
						F	185	34	2	2	7	28	36	76
33. Motor Vehicle Accidents	M	45		1	1	23	12	5	3
						F	22		2		2	6	6	6
34. All other Accidents	M	39		4		13	14	4	4
						F	36	2	1		2	2	7	22
35. Suicide	M	20				5	6	4	5
						F	22				4	16	2	
36. Homicide and Operations of War	M	1				1			
						F	1				1			

TABLE 4. Causes of death registered during Calendar Year 1962

Compiled from figures supplied by Registrar General

<i>Death Rate per million population</i>	<i>DISEASE</i>					<i>No. Deaths 1962</i>	<i>Per cent of all deaths</i>
53	1.	T.B. Respiratory ...	...	...	...	23	·42
14	2.	T.B. Other ...	...	...	...	6	·11
14	3.	Syphilitic disease ...	...	...	...	6	·11
	4.	Diphtheria ...	...	...	...	—	—
	5.	Whooping Cough ...	...	...	...	—	—
5	6.	Meningococcal infection ...	...	...	...	2	·04
	7.	Acute poliomyelitis ...	...	...	...	—	—
2	8.	Measles ...	...	...	...	1	·02
14	9.	Other infective and parasitic disease ...	...	...	...	6	·11
290	10.	Malignant neoplasm of stomach ...	...	...	...	126	2·29
490	11.	„ „ „ lung, bronchus ...	...	...	...	211	3·84
210	12.	„ „ „ breast ...	...	...	...	89	1·62
83	13.	„ „ „ uterus ...	...	...	...	36	·66
1,011	14.	„ „ other and lymph. neoplasms ...	...	...	...	439	8·00
53	15.	Leukaemia, aleukaemia ...	...	...	...	23	·42
90	16.	Diabetes ...	...	...	...	39	·71
1,803	17.	Vascular lesions of nervous system ...	...	...	...	783	14·25
2,344	18.	Coronary disease, angina ...	...	...	...	1,018	18·53
465	19.	Hypertension with heart disease ...	...	...	...	202	3·68
1,500	20.	Other heart disease ...	...	...	...	651	11·85
1,082	21.	„ circulatory disease ...	...	...	...	470	8·55
76	22.	Influenza ...	...	...	...	33	·60
684	23.	Pneumonia (including pneumonia of new-born) ...	...	...	...	297	5·40
686	24.	Bronchitis ...	...	...	...	298	5·42
83	25.	Other diseases of respiratory system ...	...	...	...	36	·66
106	26.	Ulcer of stomach and duodenum ...	...	...	...	46	·84
51	27.	Gastritis, enteritis and diarrhoea ...	...	...	...	22	·40
51	28.	Nephritis and nephrosis ...	...	...	...	22	·40
55	29.	Hyperplasia of prostate ...	...	...	...	24	·44
2	30.	Pregnancy, childbirth, abortion ...	...	...	...	1	·02
143	31.	Congenital malformations ...	...	...	...	62	1·13
776	32.	Other defined and ill-defined diseases ...	...	...	...	337	6·13
154	33.	Motor vehicle accidents ...	...	...	...	67	1·22
173	34.	All other accidents ...	...	...	...	75	1·36
97	35.	Suicide ...	...	...	...	42	·76
5	36.	Homicide and operations of war ...	...	...	...	2	·04

All Causes ... 5,495

TABLE 5. Deaths (corrected for transfers) occurring within the years 1961 and 1962 (Local figures)

<i>International Code No.</i>		1961		1962	
		<i>Total</i>	<i>Including</i>	<i>Total</i>	<i>Including</i>
001-008	T.B. of respiratory system	24		21	
010-019	T.B. other	4		5	
020-029	Syphilis and its sequelae	11		3	
030-039	Gonococcal infection and other V.D.	—		—	
040-049	Infectious disease in intestinal tract	1		—	
050-064	Other bacterial diseases	2		4	
070-074	Spirochaetal diseases (except syphilis)	—		—	
080-096	Diseases attributed to viruses	7		5	
100-108	Typhus and other rickettsial diseases	—		—	
110-117	Malaria	—		—	
120-138	Other infective and parasitic diseases	1		3	
140-148	Malignant neoplasm of buccal cavity and pharynx	13		12	
150-159	Malignant neoplasm digestive organs and peritoneum	538		316	
151	Malignant neoplasm stomach		129		125
153	Malignant neoplasm large intestine (except rectum)		82		82
154	Malignant neoplasm rectum		43		39
160-165	Malignant neoplasm respiratory system	216		222	
170-181	Malignant neoplasm breast & genito-urinary system	241		246	
170	Malignant neoplasm breast		102		89
171/4	Malignant neoplasm uterus		38		33
175	Malignant neoplasm ovary, fallopian tube and broad ligament		21		28
177	Malignant neoplasm prostate		26		31
180/1	Malignant neoplasm kidney, bladder and other urinary organs		47		53
190-199	Malignant neoplasm other and unspecified sites	59		66	
200-205	Neoplasms of lymphatic & haematopoietic tissues	55		55	
210-229	Benign neoplasm	7		3	
230-239	Neoplasm of unspecified nature	13		10	
240-245	Allergic disorders	11		6	
250-254	Diseases of thyroid gland	8		6	
260	Diabetes mellitus	33		39	
270-277	Diseases of other endocrine glands	2		2	
280-289	Avitaminoses, and other metabolic diseases	6		2	
290-299	Diseases of blood-forming organs	22		21	
300-309	Psychoses	7		7	
310-318	Psychoneurotic disorders	—		—	
320-326	Disorders of character, behaviour and intelligence	1		—	
330-334	Vascular lesions affecting central nervous system	816		754	
331	Cerebral haemorrhage		245		237
332	Cerebral embolism and thrombosis		452		407
340-345	Inflammatory diseases of central nervous system	11		12	
350-357	Other diseases of central nervous system	45		39	
360-369	Diseases of nerves and peripheral ganglia	—		—	
370-379	Inflammatory diseases of eye	—		—	
380-389	Other diseases and conditions of eye	—		—	
390-398	Diseases of ear and mastoid process	—		1	
400-402	Rheumatic fever	1		—	
410-416	Chronic rheumatic heart disease	82		89	
420-422	Arteriosclerotic and degenerative heart disease	1492		1481	
420	Arteriosclerotic heart disease including coronary disease		979		1016
422	Other myocardial degeneration		469		433
430-434	Other diseases of the heart	107		105	
440-447	Hypertensive disease	250		271	
440/3	Hypertensive heart disease		215		218
450-456	Disease of arteries	309		363	
460-468	Diseases of veins and other diseases of circulatory system	35		58	

TABLE 5—continued

<i>Inter- national Code No.</i>		1961		1962	
		<i>Total</i>	<i>Including</i>	<i>Total</i>	<i>Including</i>
470-475	Acute upper respiratory infections	1		—	
480-483	Influenza	64		28	
490-493	Pneumonia (4 weeks plus)	262		272	
500-502	Bronchitis	276		303	
510-527	Other diseases of respiratory system	48		29	
530-539	Diseases of buccal cavity and oesophagus	2		3	
540-545	Diseases of stomach and duodenum	41		47	
550-553	Appendicitis	7		1	
560-561	Hernia of abdominal cavity	14		14	
570-578	Other diseases of intestines and peritoneum	43		44	
580-587	Diseases of liver, gallbladder and pancreas	34		25	
590-594	Nephritis and nephrosis	29		22	
600-609	Other diseases of urinary system	35		41	
610-617	Diseases of male genital organs	12		25	
620-626	Diseases of breast, ovary, fallopian tube and parametrium	—		—	
630-637	Diseases of uterus and other female genital organs	1		1	
640-649	Complications of pregnancy	1		—	
650-652	Abortion	—		—	
660	Delivery without complication	—		—	
670-678	Delivery with specified complication	—		1	
680-689	Complications of the puerperium	—		—	
690-699	Infections of skin and subcutaneous tissue	—		2	
700-716	Other diseases of skin and subcutaneous tissue	1		—	
720-727	Arthritis and rheumatism, except rheumatic fever	18		16	
730-738	Osteomyelitis and other diseases of bone and joint	3		4	
740-749	Other diseases of musculoskeletal system	2		3	
750-759	Congenital malformations	46		63	
760-769	Birth injuries, asphyxia and infections of newborn	40		28	
762	Postnatal asphyxia and atelectasis		18		8
763	Pneumonia of the newborn		3		3
770-776	Other diseases peculiar to early infancy	39		45	
780-789	Symptoms referable to systems or organs	3		5	
790-795	Senility and ill-defined diseases	11		20	
E800-802	Railway accidents	6		2	
E810-825	Motor vehicle traffic accidents	56		66	
E830-835	Motor vehicle non-traffic accidents	1		1	
E840-845	Other road vehicle accidents	2		1	
E850-858	Water transport accidents	3		1	
E860-866	Aircraft accidents	—		—	
E870-888	Accidental poisoning by solid and liquid substances	3		8	
E890-895	Accidental poisoning by gases and vapours	9		9	
E900-904	Accidental falls	45		28	
E910-936	Other accidents	14		22	
E940-946	Complications due to nontherapeutic medical and surgical procedures	—		—	
E950-959	Therapeutic misadventure and late complications of therapeutic procedures	—		—	
E960-965	Late effects of injury and poisoning	—		1	
E970-979	Suicide and self-inflicted injury	37		41	
E980-985	Homicide and injury purposely inflicted by other persons	3		2	
E990-999	Injury resulting from operations of war	—		—	
	TOTALS	5442		5451	

TABLE 6. Notifiable cases during 1962 (Local figures)
(During Calendar year)

Notifiable Diseases	Notifications At ages—years :						Removed to hospital	Notified in each quarter				Attack rate per 1,000 popu- lation	Deaths (corrected for transfers) not necessarily relevant to notifications of 1962								
	At ages—years :												At ages—years :								
	Under 1	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64		No.	%	1st	2nd		3rd	4th	All ages	Under 1	1 to 4	5 to 14	15 to 44	45 to 64	65 and upwards
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas	31	—	—	3	5	19	4	4	13	5	5	8	13	0.07	—	—	—	—	—	—	
Scarlet fever	106	1	30	64	7	3	1	23	22	39	15	16	36	0.24	—	—	—	—	—	—	
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Typhoid	1	1	—	—	—	—	—	1	100	—	—	1	—	0.00	—	—	—	—	—	—	
Meningococcal infection	4	1	1	—	1	1	—	4	100	1	2	1	—	0.01	2	1	—	—	—	—	
Poliomyelitis (including polioencephalitis)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pneumonia (excluding pneumonia of new born)	86	9	7	5	4	17	23	17	20	38	16	15	17	0.20	272	23	5	1	8	25	210
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery	442	17	168	143	39	51	19	5	34	8	155	136	92	59	1.02	—	—	—	—	—	
Acute infectious encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	
Puerperal pyrexia	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(City cases only)	*21	—	—	—	8	13	—	—	—	—	8	3	5	5	—	—	—	—	—	—	
Ophthalmia neonatorum	2	2	—	—	—	—	—	—	—	1	—	—	1	0.00	—	—	—	—	—	—	
Measles	140	2	75	58	5	—	—	5	4	13	14	13	100	0.32	1	—	1	—	—	—	
Whooping cough	163	21	76	61	1	4	—	12	7	9	19	61	74	0.38	—	—	—	—	—	—	
Acute rheumatism (to 15 years)	11	—	—	—	—	—	—	—	—	7	3	1	—	—	—	—	—	—	—	—	
Food poisoning	133	11	20	21	39	17	19	6	11	8	15	15	64	0.31	—	—	—	—	—	—	
Infective hepatitis	283	—	14	161	43	46	12	7	10	4	118	85	52	28	0.65	2	—	—	1	—	
Glandular fever	70	1	6	25	31	7	—	2	3	17	15	21	17	0.16	—	—	—	—	—	—	

* 6 cases occurred at home of which 1 was subsequently removed to hospital. No deaths were directly attributed to puerperal pyrexia.

TABLE 7. Tuberculosis Notifications in Bristol

				CASES															
				Sex	At All Ages	Under one	1-	5-	10-	15-	20-	25-	35-	45-	55-	65 and over			
1962—																			
Pulmonary Tuberculosis																			
New notifications	...	...	...	M	89	—	3	2	2	4	4	12	14	17	19	12		
				F	42	—	4	1	3	5	3	8	9	2	3	4			
Transfers from other areas	...	...	...	M	34	—	—	—	—	1	6	8	10	6	1	2		
				F	16	—	1	—	—	3	4	2	3	2	1	—			
Deaths mentioning Tuberculosis, not notified	...	...	...	M	6	—	—	—	—	—	—	—	2	—	—	4		
				F	5	—	—	—	—	—	—	—	—	1	2	—			
1962—																			
Non-pulmonary Tuberculosis																			
New notifications	...	...	...	M	2	—	—	—	1	—	—	—	—	—	—	—	1	
				F	9	—	1	1	—	—	1	3	2	1	—	—			
Transfers from other areas	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—		
				F	—	—	—	—	—	—	—	—	—	—	—	—			
Deaths mentioning Tuberculosis, not notified	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—		
				F	5	—	—	—	—	—	—	—	—	1	2	—			
New Notifications—	1961	...	...	M	93	—	—	2	2	4	6	16	16	17	21	9		
				F	63	—	1	2	2	7	15	8	9	10	7				
Pulmonary—	1960	...	...	M	141	2	2	4	11	7	25	15	27	26	15			
				F	57	—	3	3	2	4	11	15	9	4	2	4			
	1959	...	...	M	148	1	1	3	3	8	6	26	21	27	40	12		
				F	71	—	1	3	3	11	11	15	14	7	3	3			
	1958	...	...	M	173	—	3	1	7	12	12	27	27	36	34	14		
				F	98	—	4	2	5	13	17	21	12	11	5	8			
	1957	...	...	M	187	1	—	4	2	18	16	40	27	34	28	17		
				F	114	2	1	2	3	15	24	37	15	10	4	1			
	1956	...	...	M	191	—	4	10	3	15	21	29	21	39	32	17		
				F	113	—	4	4	5	16	20	25	19	12	5	8			
	1955	...	...	M	201	2	3	9	6	14	15	36	35	27	36	18		
				F	147	—	3	3	3	26	24	47	21	8	5	7			
	1954	...	...	M	218	2	4	11	4	24	21	42	25	46	24	15		
				F	168	—	2	9	11	34	27	45	24	8	2	6			
	1953	...	...	M	239	—	10	14	4	21	26	43	29	46	30	16		
				F	185	—	7	6	11	20	38	42	29	17	7	8			
	1952	...	...	M	266	—	8	11	6	23	35	49	39	39	37	19		
				F	214	—	6	5	16	41	36	61	29	8	7	5			
	1951	...	...	M	296	1	11	10	9	28	43	50	45	58	29	12		
				F	208	—	9	10	9	31	51	47	18	15	10	8			
Non-Pulmonary—	1961	...	...	M	8	1	—	—	1	—	2	—	1	1	1	1		
				F	12	—	1	—	1	—	—	3	—	4	—	2			
	1960	...	...	M	10	—	—	—	3	3	—	3	1	—	—	—		
				F	17	—	1	2	—	1	3	3	2	1	2	2			
	1959	...	...	M	23	—	2	1	1	2	2	4	3	3	2	3		
				F	24	—	1	1	—	3	4	3	2	1	3	6			
	1958	...	...	M	15	—	3	—	1	—	3	4	1	2	1	—		
				F	21	—	1	—	1	2	3	7	2	1	—	4			
	1957	...	...	M	13	—	—	1	3	1	1	5	—	—	2	—		
				F	23	—	2	3	1	3	1	5	3	2	1	2			
	1956	...	...	M	28	—	2	2	4	1	4	4	3	2	5	1		
				F	20	—	—	1	2	1	—	6	3	3	2	2			
	1955	...	...	M	19	—	—	2	—	1	3	5	3	2	2	1		
				F	27	—	3	4	—	7	5	3	2	1	1	1			
	1954	...	...	M	19	—	2	4	1	2	2	4	—	1	—	3		
				F	30	—	2	—	2	5	6	11	—	—	1	3			
	1953	...	...	M	16	1	5	—	—	3	2	2	1	—	—	1		
				F	22	—	2	1	—	6	5	3	4	—	—	1			
	1952	...	...	M	24	—	2	5	3	3	2	2	3	2	2	—		
				F	30	—	6	3	—	1	3	6	7	3	—	1			
	1951	...	...	M	26	1	4	2	1	3	2	3	3	2	4	1		
				F	25	2	1	3	4	3	4	6	—	—	—	2			

TABLE 8. Tuberculosis in Bristol—Deaths
(Registrar General's corrected figures)

PULMONARY TUBERCULOSIS—

<i>Year</i>	<i>Sex</i>	<i>At All Ages</i>	<i>Under One</i>	<i>1—</i>	<i>5—</i>	<i>15—</i>	<i>45—</i>	<i>65 and over</i>
1962	M	14	—	—	—	2	8	4
	F	9	—	—	—	1	6	2
1961	M	15	—	—	—	3	7	5
	F	6	—	—	—	3	2	1
1960	M	18	—	—	—	4	10	4
	F	7	—	—	—	1	4	2
1959	M	18	—	—	—	5	9	4
	F	9	—	—	—	1	6	2
1958	M	22	—	—	—	2	9	11
	F	15	—	—	—	4	3	8
1957	M	23	—	—	—	3	9	11
	F	8	—	—	—	4	3	1
1956	M	23	—	—	—	4	13	6
	F	14	—	—	—	8	2	4
1955	M	38	—	—	—	11	19	8
	F	14	—	—	—	8	2	4
1954	M	41	—	—	—	12	23	6
	F	26	—	—	—	13	9	4
1953	M	61	—	—	—	24	28	9
	F	32	—	—	—	16	9	7
1952	M	62	1	—	—	20	31	10
	F	29	—	—	—	13	10	6
1951	M	83	—	—	1	27	43	12
	F	67	—	—	1	39	20	7

NON-PULMONARY TUBERCULOSIS—

1962	M	2	—	—	—	—	1	1
	F	4	—	—	—	1	2	1
1961	M	2	—	—	—	—	2	—
	F	2	—	—	—	—	—	2
1960	M	2	—	—	—	2	—	—
	F	1	—	—	—	—	1	—
1959	M	3	—	—	—	—	2	1
	F	2	—	—	—	—	—	2
1958	M	4	—	—	—	4	—	—
	F	6	—	1	—	—	3	2
1957	M	2	—	—	1	—	1	—
	F	3	—	—	—	—	1	2
1956	M	5	—	1	1	1	1	1
	F	1	—	—	—	—	—	1
1955	M	3	—	—	—	1	2	—
	F	4	—	—	1	1	—	2
1954	M	3	—	1	1	—	1	—
	F	4	—	1	—	3	—	—
1953	M	6	—	3	—	2	—	1
	F	6	—	1	1	1	2	1
1952	M	5	—	—	1	2	1	1
	F	6	—	1	—	2	1	2
1951	M	10	1	2	1	3	3	—
	F	4	—	1	—	2	1	—

TABLE 9. Infant Mortality (Corrected for transfers)

Deaths 1962 (Local figures)

(Occurring within Calendar Year)

1961	Cause of Death	Total 1962	First day	From one day under one week	From one week under to four weeks	Total four weeks	Total from one month to under twelve months
—	T.B. respiratory	—	—	—	—	—	—
—	Meningococcal meningitis ...	—	—	—	—	—	—
—	Acute poliomyelitis	—	—	—	—	—	—
—	Whooping cough	—	—	—	—	—	—
1	Measles	—	—	—	—	—	—
12	Pneumonia (four weeks plus) ...	23	—	—	—	—	23
3	*Pneumonia of the newborn ...	3	—	1	2	3	—
—	Influenza	—	—	—	—	—	—
—	Bronchitis	—	—	—	—	—	—
1	Gastro-enteritis (four weeks plus)	4	—	—	—	—	4
29	*Congenital malformations ...	45	8	11	5	24	21
16	*Birth injury	10	7	3	—	10	—
18	*Atelectasis	8	7	1	—	8	—
2	*Haemolytic disease of newborn	2	1	1	—	2	—
—	Haemorrhagic disease of newborn	4	—	4	—	4	—
9	*Other diseases of early infancy	11	4	4	3	11	—
30	*Immaturity (unqualified) ...	35	22	11	1	34	1
6	Other causes	4	—	—	2	2	2
<hr/>							
127	TOTALS	149	49	36	13	98	51
	Rate per 1,000 live births registered in 1962	21	6.8	5.0	1.8	13.5	7.0
<hr/>							
Year 1961	{ TOTALS	127	61	31	9	101	26
	{ Rate per 1,000 live births registered	18	8.6	4.4	1.3	14.3	3.7

* Where there has been mention of immaturity— {1962—Bristol cases—54
 {During 1961—Bristol cases—61

Infant Deaths in :— Hospitals 123 (including 2 in hospitals outside City area)
 Nursing Homes 0
 Private Residences 26
 Total 149

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Dr. P. W. Bothwell
(*Senior Medical Officer—Epidemiology*)

Incidence of Infectious Diseases and other Diseases

NOTIFICATIONS

1st January to 31st December, 1962

Infective hepatitis	283 (2 fatal)
Glandular fever	70
Poliomyelitis (including polioencephalitis)	—
Diphtheria	—
Erysipelas	31
Scarlet Fever	106
Paratyphoid	—
Typhoid	1
Meningococcal infection	4 (2 fatal)
Pneumonia (excluding pneumonia of newborn)	86 (272 fatal*)
Malaria	—
Dysentery	442
Measles	140 (1 fatal)
Whooping cough	163
Acute rheumatism (to 15 years)	11
Food poisoning	131
Puerperal pyrexia (citizens only)	21
Ophthalmia neonatorum	2
Acute infectious encephalitis	— (1 fatal)
Tuberculosis Pulmonary Primary only	131 (23 fatal)
Tuberculosis Non-pulmonary only	11 6 fatal)

TOTAL CASES 1,633

* Terminal pneumonia is not necessarily notifiable.

The outbreak of hepatitis came to an end in 1962 with 283 cases recorded against 939 in 1961 (see graph). Notification is clearly justifiable. There is no indication that the outbreak has been a serious cause of permanent liver damage in the persons affected; and none that food supplies, immunisation techniques or other medical procedures influenced the course of the outbreak; nor that school meals or milk were involved in spreading the infection.

From 1960 to 1962 there were 5 deaths attributed to infective hepatitis. In one of these there was co-existing myelomatosis and in another mongolism and congenital heart disease.

The isolation of the virus in the U.S.A. recently will lead to the production in due course of a virus vaccine to immunise against the disease. This may be important, as the world incidence of infective hepatitis is increasing.

Rubella

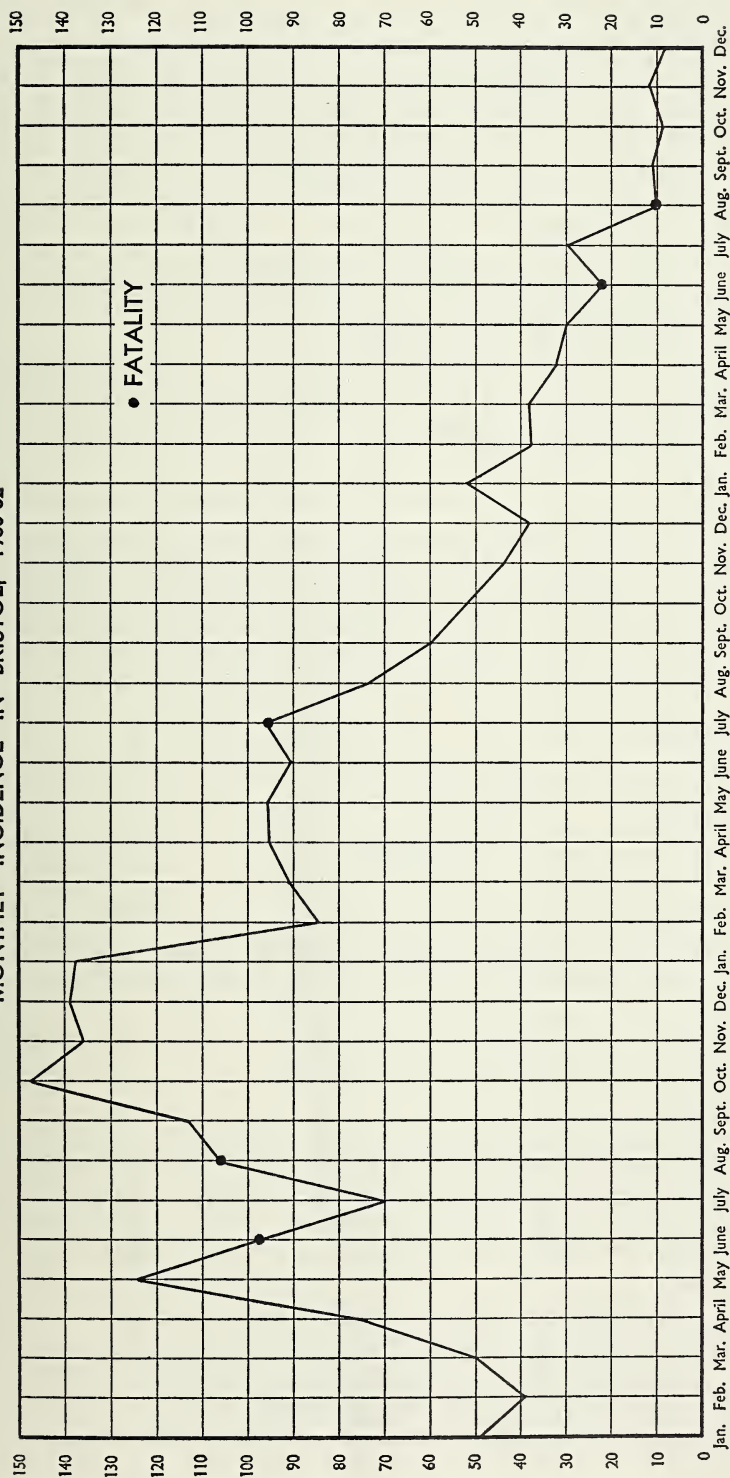
Rubella became a notifiable disease in Bristol on 1st December 1962. This should provide information for studies of this important virus disease, particularly its relationship to congenital malformation.

Mononucleosis—Glandular Fever

Statutory notification of glandular fever in Bristol has provided the opportunity for the study of its epidemiology in a whole community, as compared with the mass of previous work done on the disease in closed or semi-closed

INFECTIOUS HEPATITIS

MONTHLY INCIDENCE IN BRISTOL, 1960-62



1962

1961

1960

communities, or upon groups of patients so selected as to make elimination of bias difficult.

The term "glandular fever" is a label which tends to be attached to different forms of luggage, and may conceal more than it reveals. In addition to cases of proven infectious mononucleosis, which clearly occur sporadically in the community, other possible causes of generalised lymphadenopathy with pyrexia, such as brucellosis, toxoplasmosis, and leptospirosis which may mimic mononucleosis, are being specifically sought in every case notified as glandular fever.

Every case notified, or traced by the Department is being investigated in detail. Gradually, an overall picture is emerging, and evidence is being accumulated in regard to possible contacts, the range of clinical features, social and family history, and laboratory findings.

The difficulties of conducting a field study of this kind in a bustling city are offset by the ready co-operation of family doctors, Ham Green Hospital, our laboratory colleagues of Southmead Hospital, and the Public Health Laboratory Service in Bristol and Swansea.

Dysentery

Sonne dysentery continues to cause many cases and a great deal of work relating to food handler exclusion from work and potential danger to young children in nursery schools. Fortunately, it is usually a mild disease, but the incidence of this disease and of hepatitis, both of which are transferred from person to person via the hands and by way of the mouth, appears to indicate that there is a lot to be learnt about personal hygiene.

Poliomyelitis

There were no cases of poliomyelitis.

Diphtheria

There were no cases of diphtheria.

Scarlet Fever

The scarlet fever notifications of 106 merely indicate a persistent anomaly in the notification regulation and not a threat to the public health.

Measles

1962 was a non-epidemic year for measles.

Tuberculosis

One hundred and forty-two new cases of tuberculosis were notified in 1962 and there were 29 deaths, compared with 176 cases and 25 deaths in 1961.

The proportion of tuberculin positive cases in 1962 in school-children tested prior to B.C.G. vaccination was 13.4 per cent. This figure is a little higher than before but it includes more children who were given B.C.G. earlier in life as contacts.

A contribution to finding the unknown case of tuberculosis in the community was made when the Tuberculosis Care Committee purchased a mobile x-ray unit at very reasonable cost from the Royal Victoria Trust, Scotland. This unit will operate at the discretion of the Medical Officer of Health and the Chest Consultants and should be useful in those areas where M.M.R. could not be so readily employed.

Food Poisoning

Cases here were less than in 1961. The details of these cases are given in the following tables. There were no deaths from this cause.

Food Poisoning

Notifications					
1st Quarter 14	2nd Quarter 14	3rd Quarter 64	4th Quarter 39	Total 131	
Agent	Particulars of Outbreaks		No. of cases		Total No. of cases
	No. of outbreaks		Notified		
	Family outbreaks	Other outbreaks	Otherwise ascertained		
Agent identified :					
(a) Chemical Poisons ... (type to be stated)	—	—	—	—	—
(b) <i>Salmonella</i> ... (type to be stated)					
<i>Typhi-murium</i> ...	7	1	22	—	22
<i>Heidelberg</i> ...	1	—	3	—	3
(c) <i>Staphylococci</i> ... (including toxin)	—	—	—	—	—
(d) <i>Cl. botulinum</i> ...	—	—	—	—	—
(e) <i>Cl. welchii</i> ...	—	1	17	—	17
(f) Other bacteria ... (to be named)	—	—	—	—	—
Totals	8	2	42	—	42
Agent not identified :	—	—	—	—	—

Single Cases

<i>Agent identified :</i>	<i>No. of cases</i>		<i>Total. No.</i>
	<i>Notified</i>	<i>Otherwise ascertained</i>	
(a) Chemical Poisons ... (type to be stated)	—	—	—
(b) <i>Salmonella</i> ... (type to be stated)			
<i>Typhi-murium</i> ...	70	—	70
<i>Heidelberg</i> ...	12	—	12
<i>Stanley</i> ...	1	—	1
<i>Livingstone</i> ...	1	—	1
<i>Jena</i> ...	1	—	1
<i>Montevideo</i> ...	1	—	1
<i>Bredeney</i> ...	1	—	1
<i>Munster</i> ...	1	—	1
<i>Menston</i> ...	1	—	1
(c) <i>Staphylococci</i> ... (including toxin)	—	—	—
(d) <i>Cl. botulinum</i> ...	—	—	—
(e) <i>Cl. welchii</i> ...	—	—	—
(f) Other bacteria ... (to be named)	—	—	—
Totals	89	—	89
Agent not identified :	—	—	—
<i>Salmonella Infections, not Food-borne</i>			
Nil.			

The Department dealt with an outbreak of food poisoning occurring at the Nurses Preliminary Training School, Bishops Knoll, Stoke Bishop, when 18 people were taken ill. A detailed investigation was made, samples of food and faeces specimens from cases were submitted to the laboratory. *Clostridium*

Welchii was found to be the agent causing the outbreak, which was of short duration. Shepherds pie made from three kinds of left over meat was the vehicle of infection.

Smallpox

The smallpox alarm of 1962 did not result in any case in Bristol but enormously increased the applications for vaccination.

Foreign Travel Clinic

Some 3,897 cases were dealt with at the Foreign Travel Clinic, of whom only 133 (3·4 per cent) were emigrating from the country. The greatest number were going away on holiday (2,599) but because of the special conditions prevailing in regard to smallpox, it is unlikely that this figure would be typical of a normal year when vaccination against smallpox would not normally be required by holiday makers visiting European countries. No fewer than 805 were people who were going abroad on business reasons, and it was amongst this group that the bulk of the yellow fever vaccinations were given. There were some 360 other people who were going abroad for miscellaneous reasons, such as accompanying relatives in the forces and also for whom no reason was actually obtained at the time of the injections.

Scabies

This condition is an uncommon one compared with its incidence some years ago. It was found that Lorexane cream was a more useful agent than the previous treatment, and cases studied in 1962 indicated that domiciliary treatment of these cases would be entirely practicable and more convenient.

VENEREAL DISEASES

A. E. Tinkler, M.A., M.D., D.P.H.

Consultant Venereologist, S.W.R.H.B.

For the first year since 1954/55 there was a slight decrease in the total number of new cases referred to the Bristol Venereal Disease Clinics in 1962. The decrease was very small but compared with an average increase in new patients of 12 per cent each year since 1957 this represents a very significant change of trend which it is hoped will continue.

Table 1—New Cases — All Conditions — seen at Bristol V.D. Clinics, 1958—1962

<i>Year</i>	<i>All cases</i>	<i>Bristol Residents</i>
1958	2,027	1,502
1959	2,280	1,664
1960	2,766	2,070
1961	2,967	2,277
1962	2,912	2,250

Syphilis

There was a further significant increase in early syphilis in England and Wales between 1961 and 1962. Fortunately the total numbers remain small. The increase in the Bristol area was from 12 cases in 1961 to 31 cases in 1962, but only six of these cases occurred in Bristol residents, the remaining 25 cases occurring in seamen, mainly foreign, seen at Avonmouth Dock Clinic. In spite of the national increase therefore, the incidence of early syphilis remains extremely small. For the fourth year in succession no new cases of infantile congenital syphilis were recorded.

Table 2—Number of new cases of syphilis seen at the Bristol Clinics 1958—1961

	<i>All Cases</i>			<i>Bristol Residents Only</i>		
	<i>Early Syphilis</i>	<i>Late Syphilis</i>	<i>Total</i>	<i>Early Syphilis</i>	<i>Late Syphilis</i>	<i>Total</i>
1958	19	25	44	9	19	28
1959	26	7	33	10	6	16
1960	33	17	50	13	12	25
1961	12	25	57	4	20	24
1962	31	23	54	6	19	25

Gonorrhoea

There has been a constant rise in the incidence of gonorrhoea in England and Wales every year since 1954/55. In many of the large cities and ports, including Bristol, there has been a three to fourfold increase whereas in the smaller towns and rural areas the increase has been only slight. In the country as a whole the increase has more than doubled in this period. In 1962, however, there was a most significant change in this trend. In England and Wales the number of cases seen at the clinics fell by 4.9 per cent and in Bristol by 19 per cent over the figures for 1961. Restriction of immigrants in 1962 may have played a significant part in this reduction. However, the proportion of immigrants still continues to increase. Of the male patients treated for gonorrhoea at the Maudlin Street Clinic in 1962 nearly two-thirds were immigrants, 47 per cent West Indians and 16.5 per cent 'Other Nationals', (see Table 3).

Table 3—Gonorrhoea — Males. Maudlin Street Clinic
Percentage of non-U.K. patients

				%
1958	...	...	...	18
1959	...	...	...	44
1960	...	...	...	54
1961	...	...	...	56.4
1962	...	...	...	63.5

Much has been written about the incidence of gonorrhoea in young persons. It is therefore very encouraging to note that of the 340 Bristol male residents treated for this condition at the Maudlin Street Clinic in 1962 only 23 were under the age of 20 years and of these only 12 were United Kingdom Nationals. The proportion of female patients under the age of 20 years has always been higher than that for males. In 1961 almost one-third of all the female patients treated for gonorrhoea at Maudlin Street Clinic were teenagers. This was an unprecedentedly high proportion which fortunately was not maintained in 1962 (Table 4).

Table 4—Gonorrhoea — 1958—1962. Maudlin St. Clinic
Percentage of Patients under 20 yrs.

<i>Year</i>	<i>Male</i> <i>%</i>	<i>Female</i> <i>%</i>
1958	21·6	7
1959	26·5	4·4
1960	26·1	4·5
1961	32·7	7·4
1962	20	7 (3·5 U.K. Nationals)

Tables 5 and 6 show a complete age and nationality analysis of patients attending Maudlin Street Clinic with gonorrhoea.

Table 5—Gonorrhoea Males : Age & Nationality Analysis
Maudlin Street Clinic, Bristol, 1958–1962

[illegible]

**Table 6—Gonorrhoea Females : Age & Nationality Analysis
Bristol Clinics, Maudlin Street, Central Health & Southmead,
1958–1962**

Year		14 yrs. & under	15-17 yrs.	18-19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40 & over	Total	% of total patients
1958	U.K.	—	5	8	16	16	3	5	2	55	91.7
	W.I.	—	—	—	1	—	—	—	—	2	3.3
	O.N.	—	—	—	—	1	2	—	—	3	5
1959	U.K.	5	10	24	39	24	9	8	12	131	87
	W.I.	—	—	1	3	5	—	3	—	12	8.9
	O.N.	—	—	—	2	1	3	2	—	8	5
1960	U.K.	4	9	30	55	25	10	10	8	151	86
	W.I.	—	—	2	2	5	4	1	2	16	9
	O.N.	—	—	1	3	2	1	—	2	9	5
1961	U.K.	8	21	23	58	23	7	8	6	176	88
	W.I.	1	—	2	6	5	2	4	1	20	11.7
	O.N.	—	—	1	—	—	1	—	—	2	1.3
1962	U.K.	2*	4	15	43	22	9	8	7	171	80.3
	W.I.	—	—	6	7	3	2	3	—	21	15.3
	O.N.	—	—	—	4	—	1	1	—	6	4.4
										137	

* 1 baby & 1 schoolgirl.

U.K. = United Kingdom Nationals.

W.I. = West Indian Nationals.

O.N. = Other Nationals.

Miss Gwynneth Stinchcombe, Medico-Social Worker, reports as follows:—

Although statistically the number of patients registered in 1962 shows a slight decrease over those of 1961, the amount of work involved continues to increase. It is a matter of great satisfaction to observe the growing confidence of the patients in seeking advice and help in their manifold problems and this is surely a rewarding tribute to the many years of patient endeavour in trying to create a friendly, yet dignified atmosphere. It is encouraging too, to note the cordial co-operation of many General Practitioners not only in referring their patients to the Clinics but in assisting, where necessary, in the tracing of contacts and the investigation of patients where normal procedure would endanger the happiness and security of the family circle.

The trend of promiscuity amongst young people and teenagers continues to cause much anxiety to medical and lay staff, although, happily, the actual incidence of venereal disease amongst them remains comparatively low. A new and disturbing feature is the increase in the number of patients infected through homosexual relationships and this difficult problem involves careful handling with a maximum of tact and diplomacy in the seeking of contacts. How best to tackle the problem is indeed a major headache.

Contact Tracing

The number of male contacts traced and persuaded to attend the clinic has shown an encouraging increase over the past year—109 as against 81 in 1961. The number of female contacts also shows a slight increase, 189 as against 183. The amount of time spent in tracing and identifying contacts is amply worth while as it represents a positive contribution in keeping the incidence of venereal disease as low as possible. It is interesting to note the following age groups of the female contacts actually named as *suspected sources of infection*.

Under 14	...	...	...	...	...	2
16 — 18 years	...	...	...	...	...	12
19 — 23 years	...	...	...	...	...	23
Over 23 years	...	...	...	...	...	32
						69

(of which 10 were found to be non-venereal).

These figures *do not* include the 120 other patients brought in by the Social Worker as familial and other contacts.

Default Control

The follow-up of defaulters has been carried out with care although the efficacy of modern treatment has reduced their numbers to a more reasonable level. There still remains, however, a "hard core" of persistent defaulters whose sense of duty leaves much to be desired.

Rehabilitation

In a short report it is impossible adequately to summarise the social work involved in the multifarious problems dealt with during the year. Where necessary assistance has been given both financially and by advice, and a great deal of time has been spent on endeavouring to give patients not only a new start in life, but a new incentive to direct their energies into more worth while channels. At Christmas time the needy patients and their children were remembered through the generosity of the V.D. Voluntary Care Committee to whom our thanks are also due for help at other times where the need is urgent.

Field Work

Lectures and talks during the past year have been given to Professional, Statutory and other bodies and the appreciation shown and the questions asked reveal unmistakably the value of this contribution to preventive medicine.

INOCULATIONS (By year of birth)

	1961		1962	
	<i>Total</i>	<i>No. under 15 yrs.</i>	<i>Total</i>	<i>No. under 15 yrs.</i>

	1961		1962	
	<i>Total</i>	<i>No. under 15 yrs.</i>	<i>Total</i>	<i>No. under 15 yrs.</i>

Diphtheria (whether combined with Whooping Cough and/or Tetanus or not)

Primary Course
 Booster
 Whooping Cough (whether combined with Diphtheria and/or Tetanus or not)

Primary Course
 Booster
 Tetanus (whether as Tetanus-Diphtheria-Whooping Cough triple vaccine or not)

Primary Course
 Booster

SMALLPOX VACCINATION

Age at time of Vaccination	1961		1962	
	<i>Vacc'ntd.</i>	<i>No. Re-vacc'ntd.</i>	<i>Vacc'ntd.</i>	<i>No. Re-vacc'ntd.</i>
Under one year ...	1,802	1	4,943	—
1—	792	1	3,557	20
2—	579	4	6,863	505
5—	524	95	22,178	2,989
15 years and over	419	454	18,470	4,570
Totals	4,116	555	56,011	8,084

VACCINATION against POLIOMYELITIS

During the Years — 1961 & 1962

		1961				1962			
Completed PRIMARY COURSE (1st Ever) (Salk)	BOOSTER	YEAR OF BIRTH		COMPETED PRIMARY COURSE		BOOSTERS		REPEAT	
		1st (Salk)	Repeat (Salk)	1st Ever Salk	Oral	1st Salk	Oral	1st Salk	Oral
844	27	—	—	64	286	2	—	—	—
3,801	1,509	3	3	814	1,724	362	357	12	35
2,093	3,666	1,197	1,197	302	1,051	1,215	1,319	78	334
3,152	5,155	25,797	25,797	180	992	468	1,054	399	738
10,209	10,612	258	258	844	2,137	2,435	2,155	199	228
20,099	20,969	27,255	27,255	2,204	6,190	4,482	4,885	688	1,335
		TOTALS							

B.C.G. Vaccination**A** *CONTACT SCHEME*

(1)	No. skin tested ...	...	637
(2)	No. found positive	...	89
(3)	No. found negative	...	446
(4)	No. vaccinated ...	...	603

(This includes 159 babies
vaccinated at birth in
Southmead Hospital)

B. *SCHOOL CHILDREN SCHEME*

(1)	No. skin tested ...	...	6,164
(2)	No. found positive	...	768
(3)	No. found negative	...	4,966
(4)	No. vaccinated ...	...	4,966

C. *FURTHER EDUCATION ESTABLISHMENTS*

(1)	No. skin tested ...	...	740
(2)	No. found positive	...	570
(3)	No. found negative	...	167
(4)	No. vaccinated	167

PERSONAL HEALTH SERVICES

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MATERNAL AND CHILD HEALTH, NURSING AND ALLIED SERVICES

Dr. Sarah Walker

(Senior Medical Officer, Maternal and Child Welfare)

The main provision for pre and post-natal care of mothers in the Health Department's clinics is undertaken by general practitioners working in association with the domiciliary midwives, and with the obstetricians who hold consultant sessions in the main centres. This "team approach" has done much to co-ordinate the maternity services in this City, with resultant benefit to all concerned.

Sessions staffed by medical officers of the Department are retained in areas where there are general practitioners who do not themselves undertake obstetric work and who have not, as an alternative, made arrangements with a colleague general practitioner obstetrician to undertake this work on their behalf.

Births to Bristol mothers in 1962 showed a slight rise—an increase of 124 over 1961. Seventy-six per cent of the births took place in maternity hospitals or homes: the highest proportion yet reached in the City. This high figure resulted in an increase in the number of mothers discharged home early for nursing, especially in the first three days after delivery. The great majority of these early discharges are planned and prepared for, and although one appreciates the views of hospital midwives on the one hand, who regret the rapid turnover and the transfer of after-care of mother and baby; and of the domiciliary midwives who regret missing the deliveries; the mothers themselves often welcome the arrangement. The smooth running of the scheme is the result of close co-operation between Miss Gearing, Supervisor of Midwives, and the senior midwifery staff of the hospitals concerned, together with the help of the general practitioners and domiciliary midwives.

The parentcraft clubs form an integral part of our pre-natal service and we are glad to note the increasing interest shown over the years by expectant fathers in the joint meetings. We have now arranged an additional evening session early in each course to meet the need of the majority of mothers expecting their first babies, who continue to go out to work in the earlier months of pregnancy.

An evening X-ray session has also been started at Central Clinic to meet the same problem.

In the child welfare clinics a start has been made with the scheme for general practitioners to see babies and young children on their practice lists. This arrangement has the advantage that the general practitioner can provide complete care, preventive as well as curative, for the child, and is also enabled, in the clinics, to meet and work with the health visitors.

In June of this year a campaign was organised, in association with the Road Safety Committee and the Women's Voluntary Service, in the child welfare clinics, to encourage membership of the "Tufty Club", concerned with accident prevention and early training in road sense among young children. Alderman Mrs. A. M. Chamberlain, Chairman of the Nursing Services Sub-Committee, and Alderman P. W. Cann, Chairman of the Road Safety Committee, opened the campaign at a meeting held in the Charlotte Keel Clinic.

Reference will be made later in this report to the extension of the work of the Hearing Assessment Clinic, which has been made possible by the excellent accommodation provided for us at the Institute for the Deaf. We would like to express our great appreciation to the Committee of the Institute and to the Reverend S. W. Hartnoll, not only for allowing us to have the use of this lovely new building, but also for all the help and interest shown in our work.

During the year the Jan Smuts Home, Burnham-on-Sea, which accepted young children recommended by the Health Department for varying periods of convalescence, closed down. Many of the children whom we sent there came from unsettled or deprived backgrounds and they derived great benefit from the devoted care given by the staff of the Home. While deeply regretting the closure, we would, at the same time, express our gratitude to the Board of Governors of the United Bristol Hospitals for having so kindly allowed us to share in this service for a number of years.

Domiciliary Midwifery Service

<i>Year</i>	<i>Bookings</i>	<i>Births</i>	<i>Home Investigations</i>	<i>Follow-Up of Patients Discharged from Hospital</i>	
				<i>No.</i>	<i>Visits</i>
1961	2,445	1,812	2,662	1,974	14,721
1962	2,574	1,820	2,857	2,067	16,272

The following table shows the number of mothers discharged home early from hospital for home nursing:—

<i>Year</i>	<i>No. of Births in Hospital (Bristol Residents)</i>	<i>Mothers Discharged Early for Home Nursing</i>			
		<i>In 1st 3 Days</i>	<i>4th—6th Day Inclusive</i>	<i>7th—9th Day Inclusive</i>	<i>Totals</i>
1961	5,637	526	529	919	1,974
1962	5,750	810	442	815	2,067

Miss D. I. Gearing, Supervisor of Midwives, reports:—

There have been no outstanding changes during the year 1962.

Generally the work has been increased: births at home were slightly up, and pupil midwives have delivered several patients in Southmead Hospital, admitted as emergencies from home.

On the 31st December we had thirty-eight full-time and two part-time midwives. We have again appointed ten of our own pupils to the permanent staff during the past year.

Full-time and part-time midwives have combined to take an active part in the parentcraft clubs run in association with all our ante-natal clinics.

The two premature baby midwives and the one relief midwife continue to do good work, and maintain a close association with the premature baby units at Southmead and Bristol Maternity Hospitals.

Six midwives attended the official refresher courses during the year.

Miss Clueit, Deputy Supervisor, in addition to her work with pupil midwives, has continued to give her talks to medical students, school-leavers and civil defence workers.

Midwives have continued to have obstetric student nurses from both Southmead and Bristol Maternity Hospitals for their observation visits on the district.

The Bristol City's six-month district training of pupil midwives, and the training of pupils in conjunction with the Bristol Maternity Hospital have continued with good results.

Sub-Fertility Clinic

Dr. Norma Boxall, Medical Officer, reports:—

Number of new patients attending	...	...	212
Number of attendances of old patients	...	...	1,226
Number of pregnancies reported	...	...	70
Number of cases of marital difficulty	...	...	28

The work done in this clinic during the past year has not been quite so heavy since one of the hospital consultants has seen more subfertility clinic cases in his own clinic. This has resulted in fewer women being referred from Professor Lennon's Department. However, more cases have been sent from general practitioners than usual. It is instructing to know that the percentage of pregnancies reported, the percentage of such pregnancies miscarrying and the percentage of marital difficulties, remains almost constant.

The problem of women attending once and then not again remains, but the incidence is much lower than in most clinics.

There has been a great increase in the number of West Indians with very disappointing results, as it is impossible to do anything for most owing to their previous pelvic infection.

Mr. Jolly, the consultant, has continued to attend from Bristol General Hospital and his help, together with that of the staff at Canynge Hall and the Pathology Department of Frenchay, has been much appreciated.

Two new developments have been started this year. Dr. Sen Gupta has been undertaking research for us in the field of cytology for patients with endocrine disorders and also for those who repeatedly miscarry. Dr. Lewis has been undertaking chromosome counts for us where the cause of subfertility was thought to be associated with "inter sex".

The percentage of cases found to have active pelvic tuberculosis has dropped over the past few years from approximately 5 per cent of all cases seen, to between 2 and 2½ per cent, reflecting the more effective treatment of tuberculosis in general over this period: but the number of cases found to have cured pelvic tuberculosis remains much the same.

Dr. R. J. Irving Bell, Medical Officer of the male subfertility clinic reports:—

The number of new cases seen during the year was 96 and the total attendances numbered 200.

The smaller number of men seen compared with 1961, reflects the changing work of the clinic, a higher proportion of males being referred for sexual disorders and premarital examinations than hitherto, namely 32 per cent. The time required for the investigation and treatment of sexual abnormalities, and premarital examinations and instruction is longer than that for fertility assessment, therefore fewer appointments can be given for the one evening session a week.

The entire work of the clinic, including all clerical work (reports to general practitioners, appointments, etc.) is done by myself.

There was a striking increase of men referred by general practitioners compared with last year (1961), and this is shown in the following analysis:—

	1962	1961
	per cent	
General practitioners referred	59	(47)
Female subfertility clinic	22	(36·5)
Hospitals and self	11	(12·2)
Marriage guidance centre + family planning clinic	8	(4·3)

Semen Analyses

These were carried out, as in previous years, by Dr. Pollard and his staff at Frenchay Pathological Laboratory. According to *sperm density alone* the results are as follows:—

	1962	1961
	per cent	
Sterile (no sperms seen)	23	(16·5)
Infertile (oligozoospermia) under 30 million per ml.	36	(40·5)
Fertile (above 30 million sperms per ml.) ...	41	(43·0)

Since September last an important change has been made in the method of recording data sufficiently detailed for statistical analysis. A marginal punched card (8 inches x 10 inches) developed by Dr. P. W. Bothwell, Senior Medical Officer, Epidemiology, records 36 items (164 variables) in the full examination and semen analysis of every patient. This new card is used now for all examinations of men attending this clinic. When a wife has been investigated by Dr. Norma Boxall in the female subfertility clinic the double (folded) clinic card is completed, as before, to record the findings of husband and wife. Eventually when the arduous work of transferring the data of a *large* number of the old cards on to the new punched cards has been completed, it will be easier to look for clues pointing to some of the factors causing male sterility and infertility. These results should be of real value as, over the years, all clinical assessments have been made by the same examiner.

Child Health and Welfare Services

Child welfare clinics continue to be provided at thirty-four centres in the City. The following table gives details of attendances during the year:—

Year	No. Child Welfare Sessions Held per Month	Total No. Children who Attended During Year	Total Attendances During the Year
1961	249	16,693	89,927
1962	244	15,872	86,581

It will be noted that the number of children and attendances at the clinics were somewhat less than in 1961. On the other hand, home visits by the health visitors to babies and young children increased.

Home Visits by Health Visitors

	Year	
	1961	1962
Babies under 1 year	41,648	43,868
Children 1—5 years	57,257	60,512

Young Handicapped Children

The Maternal and Child Welfare Section has always been concerned with children under five years of age, suffering from any abnormality which caused a handicap to the child, and have arranged regular and periodic follow up of such children to ensure that satisfactory care and treatment is obtained. The School Health Service has been kept informed at the appropriate time when special education was required.

Dr. M. D. Gibson, Deputy Senior Medical Officer, Maternal and Child Welfare, who takes a special interest in these children, reports:—

Two years ago it was felt that a more comprehensive register should be kept of all children under five with any abnormality, congenital or acquired, from the trivial, which can be completely rectified, to the very severely handicapping effects.

These children fall into three main groups: firstly those with congenital defects originating before birth; secondly those with defects resulting from injury during birth, and thirdly the relatively small group with defects resulting from accident or illness after birth.

From the inception of this register we have notified the Chief Dental Officer of all children under five with congenital heart disease, or who are known to be bleeders or to have epilepsy. A complete up-to-date list of these children is now kept by every dentist in the City so that no child with a heart lesion should run any risk of having extractions at a local authority clinic without the necessary penicillin cover. The School Health Service undertake to keep these lists up to date for children over five.

In most cases we can indicate to the School Health Service which children are likely to need special schooling so that the appropriate arrangements can be made in ample time.

It is hoped that the second part of the register relating to children with congenital abnormalities may give some help about the causation of such conditions when linked to information from similar registers now being kept, or it is hoped soon to be started, throughout the country.

In the third section—defects acquired through illness or injury after birth—it is interesting to note the type of illness which at the present time is causing disability. Six children under five are noted to have Perthes' disease of the hip, eight have neoplasms, two four year olds have Still's disease—a crippling form of rheumatism—while only three under fives are noted with detectable paralysis following poliomyelitis.

Hearing Assessment

Dr. Helen Gibb and Dr. J. Kaye report:—

During the past year the work of the Hearing Assessment Clinic continued with the same team consisting of the Ear, Nose and Throat Consultant, Mr. H. D. Fairman, two school medical officers, the Educational Psychologist and two teachers of the deaf. Three sessions a week are held, one of these being used once or twice a month for a full conference on special cases with the whole team present.

The major change in the work during the year took place in September, 1962, when accommodation was given for the clinic to be held at the Institute for the Deaf, King Square. The team are agreed that this is a very satisfactory

arrangement. The premises are spacious, pleasant and well-suited to the work as the rooms are soundproofed. The Rev. S. W. Hartnoll and his staff are most helpful and the team appreciate their assistance and co-operation. The patients also comment on the improved conditions and enjoy attending there.

Mrs. J. A. Hyland, Teacher of the Deaf, resigned in December, 1962, for personal reasons. It has not been possible to replace her yet. This necessitated alterations in the work of auditory training. It was impossible to continue individual training and home visiting, so it was decided to arrange group training. The group consists of ten children, who attend twice a week. Auditory training is given by Miss S. M. Bullock, with a clinic assistant in attendance. This is satisfactory for those who can attend, but some absenteeism is caused by reason of transport difficulties, especially in cases of mothers with young families.

As one of the symptoms of hearing loss is failure to speak, an increasing number of children have been referred with undeveloped speech for full investigation of hearing. It will be seen from the following figures that a considerable number of children examined had no hearing loss but had defective speech. As several factors contribute towards this condition, such as low intelligence, emotional disturbance and brain damage, a unit combining diagnosis with therapy was needed. Children who are unable to talk and express themselves become disturbed emotionally and are handicapped at the beginning of their school life. With the help of the Child Guidance Clinic and the Senior Speech Therapist, Mrs. B. Saunders, a nursery group for non-talkers was started at the Child Guidance Clinic, meeting once a week.

Also during this year we were again fortunate to have another course from Dr. Ian Taylor of Manchester University for training health visitors in screening the hearing of babies and young children.

The following figures show the work done during the year:—

<i>Total attendances</i>			352
No. of new cases seen	under 5	103	
	over 5	45	148
No. of old cases seen	under 5	21	
	over 5	42	63
No. in risk group	under 5	57	
	over 5	6	63
No. of attendances at conference			86
Cases seen by psychologist			40
No. of cases referred for E.N.T. treatment	under 5	14	
	over 5	36	50
No. referred for speech therapy	under 5	5	
	over 5	5	10
No. referred to non-talkers' group			11
No. attending for auditory training			11
No. of hearing aids supplied	under 5	4	
	over 5	2	6
No. referred to Elmfield School for the Deaf			6
Referred to Eastville Unit for partially Deaf			5
Referred to Ashton Vale Nursery Unit for Partially Deaf			2
No. discharged	under 5	50	
	over 5	28	78

Analysis of New Cases

<i>Total No. of new cases</i>			148
No. profoundly deaf	under 5	3	
	over 5	1	4
No. partially deaf (perceptive)	under 5	6	
	over 5	6	12
No. partially deaf (conductive)	under 5	11	
	over 5	24	35
No hearing loss	under 5	52	
	over 5	12	64
No hearing loss but defective speech	under 5	28	
	over 5	5	33

Day Nurseries

The following table indicates the position with regard to the City day nurseries at the end of the year:—

<i>Year Ending</i>	<i>Accommodation</i>	<i>No. Children on Register</i>	<i>No. Children on Waiting Lists</i>
31.12.61	290	302	71
31.12.62	290	328	113

In order to meet the growing problem of the increasing waiting lists, the Health Committee have included provision in their future plan for a day nursery in the central area, and for a combined day nursery/nursery school in the Hartcliffe/Withywood area, the latter to be provided in association with the Education Committee.

Nurseries and Child Minders Regulation Act 1948

The following table shows the position with regard to the number of premises and child minders registered in the City:—

<i>Position at Year Ending</i>	<i>No. Nursery Premises Registered</i>	<i>No. Child Minders Registered</i>
31.12.61	5	8
31.12.62	12	15

The majority of child minders take a small number of children, many in the age-group 3-5 years, into their homes for 2-3 hours daily, the main purpose being to provide the children with play activities and social opportunities. In most cases the limited hours do not provide for the mother who wishes to have her child looked after while she goes out to work.

Amongst the registered nursery premises there is an increasing number of "Toddlers' Clubs" or "Play Groups"—non profit making and run by the mothers themselves who staff the club on a rota basis. These clubs usually meet on two to three half days per week and appear to be serving a useful purpose, both in providing activities and interests for the children and some respite for their mothers. A number of "club" mothers and child minders have formed a Bristol and District Branch of the Nursery Play Group Association, which indicates the interest and enthusiasm that so many of them show in this work.

Dental Care

Mr. J. McCaig, Chief Dental Officer, reports:—

The number of expectant and nursing mothers receiving dental inspection and treatment at the local authority clinics continues to fall; 471 inspected, 403 treated as compared with last year's figures of 639 inspected and 360 treated. The number of pre-school children attending the clinics remained about the same: 1,105 inspected, 957 treated, which is very little different from 1,184 inspected and 963 treated in 1961.

It is difficult to assess the needs of the priority classes until the effects of the National Health Service Regulation, which allowed them to have free treatment, becomes stabilised as the flow of these patients to the dentists in the National Health Service may continue to increase. The average number of pre-school children in Bristol between 3 and 5 years of age is about 14,000 and just over 1,000 are inspected in the local authority clinics and over 80 per cent are treated. It is safe to say that the general dental service cannot cope with all the remaining work which should be done; hence there is ample scope for the Maternity and Child Welfare Services to be developed. The shortage of dentists in the authority continues to be acute and there seems little point in attempting to do more when the staff is already fully extended.

Under these circumstances dental health education therefore plays a very important part in the service to mothers and young children and those who attend the clinics have the opportunity of listening to talks by the dental hygienist. At this stage mothers are most anxious to do the best for their infants and we are keen to listen to advice. It is explained to them that young children have only a moderate liking for sweet things and that appetite grows with what it feeds upon. The mothers then are advised not to press sweet foods on their children nor to reward them with sweets because, if they do, the demand will be for more and more and eventually these foods are eaten for taste and not for nutritional need.

Many mothers and young children do not come to the clinics, so that the co-operation of all doctors and health visitors is essential because their influence is considerable. As a routine they should advise mothers that their children should be seen by the dentist from three years of age at regular intervals. Thousands of children are never taken to the dentist, let alone receive treatment, and only when their teeth are so badly decayed or they are in great pain do their mothers seek advice to find that the only treatment possible for their children is extraction. Many young children are put off future dental treatment where the first visit has been extractions, and when it is suggested to the mothers that if they had brought their children sooner their teeth could have been restored, the mothers are quite amazed. It is very difficult to convince them of the truth of this, as it is a firmly-held belief that children's teeth cannot be filled and the only treatment is extraction.

While carious deciduous teeth can be filled successfully, for treatment to be satisfactory the carious process must be halted and dietary advice to the mothers is beneficial in bringing this about. Dietary surveys show that dental decay is associated with a fairly consistent pattern of snacks between meals, low intake of protein, calcium, iron and some vitamins and a high consumption of carbohydrates. Therefore mothers must be advised and encouraged to continue giving their children cod-liver oil, orange juice and milk more regularly

than they do, reduce the carbohydrate consumption and maintain these procedures over a longer period than they are inclined to do, so that the children's teeth will remain caries-free over a longer period.

Health visitors, too, can play a major part in this fight against dental decay. While a great deal of health education, other than dental, has to be concentrated in their visits to mothers, the enthusiastic health visitor can always find time to give suitable instruction in oral hygiene both for the mother and the child. The opportunity to do this should not be lost as this is the time when the mother is open to suggestion and the child is under parental control. Education in dental health must be continuous, but the difficulties are immense. From the public's point of view it requires a great stretch of the imagination to realise the need for periodic dental check-ups and the acceptance of known preventive measures already described. Mothers who are keen to keep some of the simple rules of dental health find it almost impossible to restrict sweet-eating. They declare that even if they do not give their children sweets, they are surrounded by mothers who do, and complain that the children cannot stand up to the derision of their companions if they do not accept sweets. Sweet-eating has a long tradition behind it and only by patient and continuous striving through education will its dangers be fully realised and countered.

These conventional methods of prevention of dental caries are quite successful, oral hygiene, restriction of carbohydrates, dietary control, etc., but there is one method of prevention which has proved more effective and that is fluoridation, which means the addition of sodium fluoride to the public water supply. At a level of one part per million it will reduce dental decay by as much as 60 per cent. Maximum benefit is obtained when the water containing the fluoride is taken during the period when the teeth are forming, that is during the first eight years of life. The report on the fluoridation studies which have been taking place in this country for the past five years, was published this year and confirm this 60 per cent decrease in the incidence of dental decay. While the benefit appears to be mainly to young children, the report goes on to suggest that resistance to caries of the permanent teeth of children had also taken place. There was good reason to believe too that the effect on the permanent teeth of the older age group was beneficial, so that the whole population would benefit. The cost of fluoridation is small compared with the cost of dental treatment and alone would give a better result at less cost than all the dental procedures and practices in a community. The British Dental Association state that this single measure would do much to increase the dental health in the community.

Dental caries will persist and increase and little progress will be made in reducing the incidence of dental decay by dental health education, until mothers become convinced that it is natural for their children to have good teeth and that decayed teeth are not only a great handicap to the child from a health point of view but also from a social point of view.

Health Visiting Service

Miss L. M. Bendall, Chief Nursing Officer, reports:—

In presenting this report for 1962 I would like to be able to record spectacular results in the health visiting field, but in truth the year has proved to be nothing more than one of steady unrelenting work by the health visitors. This is largely due to limitation in the recruitment of health visitors. For despite

the fact that Bristol is a training ground the sad truth is that in common with other fields of work, there is more and more mobility, particularly to other countries (to say nothing of "wastage" through marriage), that we seem to train health visitors only to lose them, once they are out of their contract period. However, in spite of this progress is being made and developments consolidated.

Three full-time and one part-time health visitors were recruited during the year; we lost two members of the permanent staff by reason of marriage; and one was promoted to the post of Centre Superintendent.

In September, eleven health visitors who had been sponsored by the Department came out of contract but, of these, only two joined the permanent staff. Of the remaining nine, one is still with us in a temporary capacity, two left to take Queen's training, one returned to Jamaica, three took up posts in Nigeria and two left to marry. At the same time, fourteen health visitors who were sponsored, came into contract, all of them having been successful in passing the examination at the first attempt.

In Bristol the health visitor is also the school nurse which means that a portion of her time is spent in school nursing duties not included in this report.

The work of the health visitor is divided into three categories: (a) home visitations; (b) work in clinics; (c) work in nursery schools and classes.

(a) *Home Visitation*

Each health visitor carries an approximate case load of five hundred "under fives" and it is to households where there are young children that the health visitors' efforts are mainly directed, although visits are paid to other age groups, particularly the middle-aged and elderly where there is illness or social problems connected with illness.

The number of visits in the maternal and child health field are compared below with those in the previous year:—

	1961	1962
Ante natal	1,722	1,991
Primary	7,281	7,117
Infants under 1 year	41,648	43,868
Children 1—5 years	57,257	60,512

There has been some increase in the number of home visits and a large proportion of the health visitors' time is spent in helping the mother through the first year of the baby's life.

The survey which was being carried out by the health visitors in connection with the "Incidence of Staphylococcal Infection in Babies, their Mothers and Families" was completed in July and the report on the findings will be eagerly awaited. The "Infective Hepatitis" survey is still in progress, but will be completed shortly.

Some health visitors continue to specialise; details are given later in this report.

The district health visitors are developing certain aspects of their work, e.g. routine screening tests for phenylketonuria, which commenced for all babies born to Bristol mothers from November, 1961, has been meticulously carried out during the whole year.

In December, 1962, twelve health visitors attended a special training course in Hearing Assessment taken by Dr. I. G. Taylor of the Department of Audiology and Education of the Deaf, University of Manchester. This makes a total of twenty-one health visitors who have received this training.

Six district health visitors are putting into practice teaching they received at the Bristol Royal Infirmary in connection with the after-care of diabetics, with particular reference to diet.

One health visitor was seconded in November to take part in an Inter-American Mortality Investigation. It is expected that this will continue over a period of two years.

Health visitors also give practical teaching to selected groups of students, e.g. social workers, welfare assistants, student nurses, and a variety of overseas students. There has been a considerable development in the teaching given to student nurses from the Bristol Hospitals, including the Bristol United Group, Frenchay and Southmead. Every student spends a whole day in the field during the third year of training, learning something of the Public Health Nursing Service and that includes health visiting, district nursing, home help and clinic services. This entails careful planning in the arrangement of programmes and the success of this is due to the care and time which Miss A. Rowbottom, Deputy Chief Nursing Officer, puts into this part of her work.

Miss Rowbottom is particularly interested in the teaching and health education aspects of health visiting and has again this year held two very successful one-day courses in group teaching for health visitors.

Every opportunity is taken to keep the health visitor up to date in new developments. They attend area case committees: discussions and case conferences are held with psychiatrists and psychiatric social workers.

Specialisation

Premature Babies—Miss M. Walters reports:—

In 1962, 450 babies were visited in the Bristol and Somerset areas. The total is less than the previous year when the figure included premature babies in Gloucestershire. Since then Gloucestershire County Council have appointed one of their own staff to visit these cases.

In the City itself, 402 babies were visited, which surpasses the 1961 total of 386. The other 48 cases were in Somerset County. Although most of the babies were premature, a small number of larger babies received visits if they were slow to thrive and needed extra supervision.

We work closely with the district health visitors and family doctors and their interest has kept us on our toes.

After-Care of the Mentally Sick—Miss M. Hancock reports: :—

My work in this connection is channelled through the Industrial Therapy Organisation which continues to provide work for those unable to be placed through normal channels and to pass on those suitable to outside industry.

The greater proportion of patients are still referred from Glenside and Barrow Hospitals, but an increasing number come from hospitals for the mentally sub-normal and from the Bristol Local Health Authority whilst referrals have also been made by the Labour Exchange, Gloucestershire Children's Department, Bath Mental Welfare Department and one by a Probation Officer.

The scheme allowing patients to work in teams has been very successful. One group has been employed at the Hygienic Straw Factory for many months, whilst another went to work at Wills' for six weeks and remained for three months.

The number of persons placed in industry has been lower this year, mainly because the large number of long-stay patients who were only awaiting an opportunity to show that they could work, have already been placed.

We find a few patients who cannot be helped, as they prefer not to work if National Assistance is available, and some drawing National Insurance who, somewhat understandably, limit their earnings, as to earn even a penny above the permitted amount means a loss of their entire £2 17s. 6d. Insurance Benefit.

A Bristol Mental Welfare Officer is no longer available to visit I.T.O. So in order to keep in touch with the Mental Health Section, I now attend case conferences at Marlborough House, as well as visiting Glenside Hospital to exchange information with the social workers. These visits prove most useful. The finding of suitable accommodation for discharged patients, at prices they can afford to pay, remains a great problem for which there seems to be no immediate solution.

Care of the Chronic Sick and Aged—Miss J. Tripp reports:—

Once again there was an increase in the work amongst the chronic sick and aged in 1962. The case loads of the four health visitors specialising in this field totalled 7,500—an increase of 1,221 on last year's figure.

As more people become aware of the help which can be offered, so the demand for such services as night watchers, linen loan service, convalescent holidays, etc., is maintained or increased.

The night watcher service completed its sixth year in December and has provided relief to many cases in which the situation may well have broken down completely, but for this help. On average, thirty hours per week have been worked by the thirteen workers on this panel—a total of 1,531 nights, as compared with 1,064 nights last year. The soiled linen service has had its busiest year ever—12,336 visits, for the collection and return of linen.

Both these services have provided such valuable assistance that in many cases it has been made possible for patients to be nursed in their own homes, so saving hospital beds.

One hundred and sixty-seven aged or chronically sick patients were assisted with convalescent holidays during the year. This scheme has enabled many harassed relatives to take a holiday themselves, by providing care as well as an enjoyable change for their dependents. We find these holidays are very beneficial to the mental, as well as the physical health of these patients, who show a great appreciation for this particular service, as indeed for all the services provided for their benefit in the City.

Infectious Diseases—Miss M. Hatfield reports:—

During 1962 the pattern of infectious diseases continued as in 1961: there were no cases of poliomyelitis or diphtheria. An outbreak of poliomyelitis occurring in other parts of the country necessitated a greater number of contacts in this City being visited. Happily, no actual cases occurred. The same pattern was followed by an outbreak of smallpox occurring elsewhere. Contacts, from other towns, living in the City were visited and vaccination advised where this was necessary.

There were four cases of meningococcal infection during the year. These recovered without any lasting effects.

The survey started in June, 1961, in connection with the poliomyelitis

virus survey and was continued until 31st July, 1962. The results of this survey are not to hand.

The follow-up survey of Type 2 poliomyelitis occurring during 1957 was extended to include other types, and is still in progress.

An interesting experiment was commenced in December. Specimens from patients suffering from rubella are collected and transported in deep freeze to laboratories in Kent, from where they are subsequently sent to the United States for investigation. This is continuing until sufficient numbers are obtained.

Day to day liaison was maintained with the public health officers in the continued search for control of sonne dysentery. Specimens are collected from contacts where required.

Chest Department—Mrs. U. Bradford reports:—

Work in the Out Patient Department continues much the same. More patients with “other” diseases of the chest are being referred by general practitioners to be seen by chest physicians.

Arrangements have been made for the T.B. visitors to visit thirty-one industrial firms where arrangements are made for contacts of patients to have mass miniature radiography. There has been a good response to our request to visit, and employers and employees alike have been most co-operative.

Domiciliary visits by the T.B. visitors are less this year as was expected. Many of the T.B. patients have recovered and have been removed from the register.

B.C.G. vaccination in schools is covered by the T.B. visitors as well as B.C.G. of contacts of patients.

(b) *Work in Clinics*

The function of the health visitor in the clinic is to give advice and health education to individuals and in groups, the routine clinic duties being undertaken by less highly qualified staff. At the same time the health visitor takes responsibility for the organisation and running of the clinic. A fair amount of group teaching is done by the health visitors, and parentcraft courses for mothers arranged during the anti-natal period are particularly well attended.

The group teaching carried out by health visitors is by no means confined to clinics but is extended to various external organisations, e.g. women’s meetings of all kinds, parent-teacher groups and to senior children in schools. Visual aids, film strips and films are used in this connection.

(c) *Work in Nursery Schools and Classes*

The health visitors continue to keep under supervision children in nursery schools and classes and they are also present at the medical examinations of these children, which take place at regular intervals.

Ancillary Nursing Services

Clinic Nurses

At the end of 1962 there were five full-time and forty-three part-time clinic nurses on the establishment. These are all S.R.N.’s and are a tremendous help in completely relieving the health visitors of all routine clinic duties.

Physiotherapists

The establishment remained at the same level during 1962 and consisted of three full-time and two part-time physiotherapists.

Their duties include remedial exercises, massage, sunlight treatment and relaxation classes for expectant mothers and are carried out in clinics, schools and welfare services homes.

Dental Surgery Assistants

There were sixteen dental surgery assistants on the staff at the end of 1962, an increase of one on the previous year.

Clinic Helpers

There was an establishment of twenty-three clinic helpers on the staff at the end of 1962.

These are either State Enrolled Nurses, or women who possess some nursing experience. Their duties are varied and they work under the supervision of trained staff. Five of these staff are engaged full-time on the needle and syringe services, under the supervision of Mr. F. Rawlings, Chief Pharmacist.

Clinic Assistants

There was a noticeable decrease in the number of clinic assistants in post during 1962, no doubt partly due to a reduced level of school leavers during that year and also that there are other attractive ways of "bridging the gap" to entry into hospital for training.

Clinic assistants are accepted between the ages of sixteen and seventeen and a half years, and must have reached a satisfactory educational level. At eighteen years of age these girls pass on to hospital training and, in due course, a number of them return to the public health field.

Night Watchers

At the end of 1962 we had a panel of 12 night sitters who were able to work between two and five nights a week. An adequate panel has been maintained and there has been a little difficulty in recruiting into this service women of the right calibre.

The figures quoted below show a marked increase in the amount of work done by the night sitters in 1962.

				1961	1962
Nights worked	...	...	...	1,064	1,540

They sit in during the long night hours with elderly sick patients, many suffering with a terminal illness, who would otherwise be alone, or where relatives' health is suffering in consequence of day and night nursing care.

This service is much appreciated by patients and relatives alike and many are the tributes to the devotion to duty paid by these women.

Health Visitor Training

Miss J. O. Sangster, Principal Tutor, reports:—

This year was celebrated throughout the country as the Centenary of Health Visiting which is generally recognised as starting in Manchester and Salford in 1862. Our contribution to this took the form of an exhibition which was first displayed at the Training Centre in Prince Street and later at the Council House. Although the exhibition looked back at the early days, it was mainly concentrated on the varied work of the health visitor today. Separate panels depicted the following aspects of her work:

- ante-natal care
- child care
- school health
- prevention of infection
- handicapped persons
- mental health
- care of the elderly

Three hundred and forty visitors signed the visitors' book while the exhibition was at Prince Street. It was a very worthwhile activity; not only did the students learn some of the techniques of display which should prove useful to them in health education but, since it was a group project, they also learned the importance of co-operation by active participation.

It can be said that we also celebrated the Centenary with a 100 per cent examination pass for the first time in Bristol. There were 25 students and they entered for the examination of the Royal Society of Health in July, 1962, and were successful. This was a considerable achievement because the standard of the examination is high, but the whole group had worked well and taken an active interest in all aspects of their training.

Two of the students were financed independently; one of them will return to her home in Hong Kong and the other has already returned to Nigeria. The remaining students were sponsored by the following authorities: Bristol 14; Devon 1; Dorset 1; Exeter 1; Hertfordshire 4; Somerset 1; Westmorland 1.

Both tutors have taken part again in the training of student nurses in Bristol hospitals. It is now possible to meet the students very early in their training to give an introduction to public health and then to talk to them again in about the third year of training. By this time they have gained in experience and knowledge of nursing which has aroused their interest in the type of home environment and difficulties which their patients encounter.

Miss P. M. Tarbuck, Assistant Tutor, continues to teach the clinic assistants for one half-day each week.

As these girls hope to go on to nurse training, this instruction should give them a good basis of public health knowledge before they start nursing.

Home Nursing Service

Miss G. M. Grazier, Superintendent of Home Nursing, reports:—
At 31st December, 1962, the staff numbered 83;

Administrators	...	...	...	...	...	4
Queen's Nursing Sisters	...	...	...	...	...	57
Queen's Male Nurses	...	...	...	...	...	3
State Registered Nurses	...	...	...	...	...	2
State Enrolled Nurses	...	...	...	...	...	5
Student Queen's Nurses	...	...	...	...	...	—
Part-time Staff	...	...	...	...	...	12
Total						83

Students trained during the year:

Staff Students	...	...	...	...	...	6
Counties Students	...	...	...	...	...	18
Total						25

During 1962 approximately 15,000 less visits were paid than in the previous year 1961. This reduction affected two age groups—namely 45—64 years—where the visits were approximately 5,000 less, and 65 + years where there was a reduction of approximately 10,000 visits.

Staff recruitment is causing concern: so few nurses are presenting themselves as Staff Students. We have insufficient for replacement of staff retiring or leaving for other work, or marriage. We have endeavoured to engage part-time staff but these are usually unwilling to work at weekends or evenings. Even with additional transport, it is not always possible to give adequate coverage for off-duty and holidays.

Although the total number of visits paid to patients is less, the nature of the visits is such that more time is needed at each visit as the number of heavy nursing cases is increasing.

The acquisition of Hewatson Hoists for loan has benefited staff and relatives, facilitating the lifting of heavy patients. This type of hoist would appear to be most suitable for use in any type of home.

Incontinence pads have been used in conjunction with the loan of linen. The staff have reported the following points in favour:

1. less irritating to the skin and more comfortable for the patient;
2. much better than linen for use for the doubly incontinent patient, being easily removed and disposed of;
3. sluicing and the storage of offensive soiled linen awaiting collection is eliminated;
4. relatives more easily able to cope between nurse's visits.

The only criticism appears to be that the pads are not large enough.

The following statistics relate to the work undertaken during the year:—

Cases sent by:—

Doctors	...	...	...	...	...	...	4,895
Hospital authorities	...	...	...	...	...	...	1,060
Health Department	...	...	...	...	...	...	83
Patients' friends	...	...	...	...	...	...	160

Cases:

Convalescent	...	...	...	...	...	1,531
Transferred to hospital	...	...	...	...	...	1,280
Deaths	...	...	...	...	...	895
Removed for other causes	...	...	...	...	...	693
Remaining on books 31st December	...	...	...	...	...	1,799

Analysis of Cases:

	<i>Cases</i>	<i>Visits</i>
Tuberculosis	63	2,818
Other infectious diseases	37	556
Parasitic disease (including thread worms)	3	8
Malignant and lymphatic neoplasms	407	15,139
Asthma	8	293
Diabetes mellitus	343	54,457
Anaemias	445	12,763
Vascular lesions affecting central nervous system	558	15,548
Other mental and nervous disease	209	15,885
Diseases of the eye and ear	40	1,166
Diseases of the heart and arteries	783	25,502
Diseases of the veins	178	7,316
Upper respiratory disease	58	506
Other respiratory disease	448	9,875
Constipation and diseases of digestive system	589	7,634
Diseases of urinary system and male genital organs	86	1,836
Diseases of breast and female genital organs	166	1,938
Complications of pregnancy and puerperium	104	1,196
Diseases of skin and subcutaneous tissues	176	6,391
Diseases of bones, joints and muscles	316	13,235
Injuries	193	4,639
Senility	441	13,676
Other defined or ill-defined diseases or disability	239	7,519
Diseases not specified	308	700
Total	6,198	220,596

Casual visits paid during the year	...	...	...	7,024
Total number of visits paid to all cases	...	...	...	227,620
Night Calls—visits between 8 p.m. and 8.30 a.m.	...	...	...	1,659
Number of injections given during the year	...	1,842	...	88,940

Included in Above Figures:

Medical	...	...	...	...	5,210	182,698
Surgical	...	...	...	...	784	33,328

<i>Age Groups</i>	<i>Cases</i>	<i>1-24 Visits</i>	<i>Cases</i>	<i>25+ Visits</i>	<i>Cases</i>	<i>1-24 Visits</i>	<i>Cases</i>	<i>25+ Visits</i>
0-4	49	432	—	—	89	642	4	289
5-14	66	573	6	419	121	837	11	394
15-44	491	4,184	111	7,755	619	4,884	131	9,054
45-64	886	7,388	495	51,251	1,133	9,236	572	56,112
65+	2,554	23,523	1,540	125,071	2,482	22,744	1,681	140,858
	4,046	36,100	2,152	184,496	4,444	38,343	2,399	206,707

Physiotherapy in Maternal & Child Health Service

Miss B. S. Hogg, Physiotherapist, reports:—

Ante-Natal Relaxation Classes

These have continued regularly in conjunction with the mothercraft classes at the clinics.

Post-Natal Treatments

Exercises and/or Faradic treatments have continued where the need has arisen at the peripheral clinics and Central Clinic.

Sub-Fertility Clinic

Relaxation treatments are continuing as usual at Dr. Boxall's request with some successful results.

Pre-School Child

Sunlight and short wave treatments have continued with resulting improvement. Postural drainage and breathing exercises have been given mainly at Central Clinic and William Budd Health Centre. When the need arises a few children for this chest treatment can be attended to at some peripheral clinics. During this past year those living nearer a peripheral clinic have taken more of these opportunities.

The Home Help Service

Miss M. R. Epplestone, Superintendent of the Service, reports:—

This year both started and ended with arctic weather conditions, affording a greater challenge than ever to the Home Help Service. This challenge was met and an increase of 249 families received help, bringing the total number for the year to 3,892.

The number of home helps employed on 31st December, 1962, was the equivalent of 293 full-time. In actual fact there were 11 full-time and 563 part-time—a decrease on last year's figures.

The following types of cases have been helped:—

1.	maternity, including home confinements and early discharge from hospital;	272
2.	young children to be cared for, including pre- and post-natal help and mothers admitted to hospital in emergency;	143
3.	acute sickness—all types;	161
4.	aged, infirm and chronic sick;	3,309
5.	tuberculosis	7
Total		3,892

In June we were pleased to welcome one additional clerk to the Section.

One of the supervisors took the correspondence course of the Institute of Home Help Organisers and was successful in passing the examination.

The number of visits paid by the Superintendent and Assistant Superintendents has increased to 5,059. There has been an appreciable drop in the

number of unnecessary visits made, e.g. visits made upon request of interested people, when in fact investigation has proved that the need, and indeed often the household concerned do not really wish to have the services. This could be due to the wider publicity given to the service.

The supervisors have carried out 12,645 visits this year and during the very bad weather acted as home helps when occasion arose, thus enabling the old people to maintain their existence and keeping them in close touch with the service. We are indeed grateful to them.

More and more demands are being made on the service and although these demands cannot always be met, the urgent and really necessitous cases are always covered.

Requests for talks about the service are still being received and given, often resulting in recruits afterwards.

The sickness rate among the home helps has been high at times, and during the icy conditions of January and December we suffered several casualties. At times we were temporarily embarrassed from lack of helpers. The home helps themselves did a magnificent and almost superhuman job looking after "their" old people, often putting in long hours rather than they should go without, and even sending members of their own families (plumbers, decorators, etc.) to their cases, and their own children to do the shopping.

The maternity numbers remain the same for 1962, i.e. 272. The number of young children to be cared for has dropped this year by 31 families. Acute sickness has risen by 5 families.

The aged, infirm and chronic sick has risen by 275. The figure for this group still remains high and economy in the use of home helps has been achieved when the large blocks of flats are opened, as a carefully selected home help has been placed in the flats and uses her time where most needed. This has proved to be most satisfactory. At first the patients were not too sure, thinking that they would not get their two hours as in the past, but it has proved itself and apart from an occasional upset—human nature being what it is—little trouble is experienced. This is being carried out in six selected areas.

One new case of tuberculosis has been started this year, bringing the total to 7.

Recruitment has been slow all the year. In March, an advertisement was placed in the newspaper for full-time home helps, which resulted in many applications being received, but only few applicants being suitable.

In November an advertisement for part-time home helps was inserted in the paper again the response was quite good, but only a few were really suitable. The labour turnover is moderately high and, bearing this in mind, one must not expect to reach the limits of recruitment two succeeding years.

Trainee social workers, health visitor students and student nurses have visited the section to hear and see the work of the home help and how she fits into the domiciliary health team.

Once again we wish to express our thanks and appreciation to the general practitioners, almoners, health visitors, midwives and district nurses for their patient understanding and co-operation.

Special Families

In addition to the work carried out by the team of four special health visitors, the district health visitors also give much of their time and efforts to helping and encouraging these families to deal with their problems.

The six area case committees of field work representatives of the main departments concerned, together with representatives of the National Assistance Board and of the N.S.P.C.C., help to co-ordinate the work undertaken on behalf of the families.

Dr. C. D. Hopkins, First Assistant Medical Officer, Maternal and Child Health Service, reports:—

There were 52 new cases added to the special family register during 1962. As in previous years these consisted of families with children of school age and of pre-school age, where there was occurring, or it was likely to occur, either ill-treatment or cruelty or neglect, whether this was wilful or otherwise. In certain of the families there was the possibility of fragmentation due to separation of the parents, either through eviction or because of marital disharmony. Where a child fails to thrive by reason of neglect rather than because of disease or congenital defect, the family qualifies for inclusion in the register, and also where a child appears to be in moral danger while in the home.

This ascertainment was carried out mainly by the health visitors who, by reason of their specialised training and experience, coupled with routine domiciliary visiting, can hardly fail to recognise the early signs of serious defects within the home.

The entire register of special families is scrutinised at intervals throughout the year to ensure that the maximum available help is not only being given to the families but is also being utilised in a proper manner.

The very young parents require a lot of supervision and support but still many of them fail to attain adequate home standards. This is partly because of the lack of assistance from their own families, but mainly because they have not yet attained the emotional maturity which it is necessary for parents to possess if they are to found a proper home for their children.

Some of the immigrant population are having difficulty in attaining the standards in care required in this country. The increasing tendency to live in segregated communities and in over-crowded accommodation does not help the parents to understand what is expected of them.

Poor earning capacity is another operative factor in lowering the home standards, and this is particularly noticeable in the case of the unsupported mother who has special emotional problems to worry her and in addition she carries a full and heavy responsibility of child care.

Co-ordinating meetings continue to fulfil a useful purpose, particularly with regard to exchange of information on these families. There are, however, instances where legal opinion is sought or where bodies not represented at co-ordination would have a valuable contribution to make to the discussions and then a special conference may be convened. For some of the more complex family situations, this is proving to be a sound procedure. The special families team continue to build a good relationship with their families and they feel that they have performed quite a successful year's work.

Bristol Family Service Unit

Mr. A. Strange, Organiser, reports:—

During the year the Unit provided a service to 42 families in the Southmead, Henbury and Horfield areas of the City and at the end of the year, 34 of these families were still being visited.

In addition to these longer-term contacts, the Unit assisted a further 51 families in coping with emergency situations, dealing with enquiries or providing material and practical help. Home visits and interviews at the Unit house number 3,840 and official contacts on behalf of families, 1,654.

The replacement of staff continued to be a problem and it was fortunate that with Miss B. Kellaway leaving the service upon her marriage in October, two trainee workers, Miss J. Ward and Miss R. Dale, joined the Unit to complete the team. Thus the Unit became fully staffed for the first time since June, 1961.

Under the circumstances it was inevitable that there should have been some reduction in the amount of work carried out during the year. Of the nine new cases opened, four were self-referrals and all were families previously known to the Unit, but in need of further help in difficult situations. Other referrals were received through health visitors, Welfare Services Department, Mental Welfare Service, Probation Service, National Assistance Board and the headmaster of a local school.

Of the nine cases closed:—

- 4 were considered as ceasing to need Unit help;
- 2 were transferred to other social workers;
- 2 moved to other areas;
- 1 was evicted.

Practical help was provided in a number of cases, especially where the mother was depressed and had neglected the domestic chores with the consequent deterioration in hygiene and physical conditions. In this respect the washing machine which the Health Committee purchased for the Unit in March was of considerable help in some instances, enabling the worker to cope with accumulations of laundry, and on other occasions inviting mother to the Unit house to use the machine, especially where there were large families with babies and toddlers. Often this type of help has enabled the mother to feel she has coped with one of the major domestic tasks, and in this sense it has been very beneficial for her morale.

In the same way, many families were helped in sorting out their financial problems, and in sixteen cases weekly collection of rent had been carried out by arrangement with the parents. Similarly arrangements were made to collect weekly sums towards the repayment of debts which may have accrued over a number of years and had finally reached overwhelming and threatening proportions. Over the past few years with the spectacular increase in hire purchase and credit trading, the Unit has experienced many difficulties similar to those described by the Mental Welfare Officer in last year's report. Whilst it is necessary to accept that the family has a moral obligation to meet its debts, most of these contracts are manifestly unfair and "weighted" to the advantage of the creditor. Often a threat on the part of the Unit worker to appear at the County Court has been sufficient to encourage the creditors to

come to terms, which the worker feels are within the capacity of the family to meet. In some cases this arrangement has enabled the family to regain self respect and secure their own position in the future by controlling their environment for perhaps the first time.

The Unit has continued to provide some of the basic material necessities where it has been felt this assistance has served a constructive purpose in the home. Furniture and bedding has been supplied and in a few cases the worker has been able to accompany the mother on a shopping expedition to acquire cutlery, crockery and kitchen utensils.

In the summer months over sixty children were sent for holidays with private hosts in various parts of the West Country and South Wales. The children invariably benefit both physically and socially from these experiences, and in a number of instances, the hosts have accepted the same children over a period of years. In carrying out this programme the Unit received valuable financial help through a grant from the Lord Mayor's Voluntary Services Fund and the Bristol Municipal Charities. Several voluntary helpers assisted in carrying out duties in connection with ancillary activities such as acting as holiday escorts, helping with individual children or groups, and for a period early in the year a woman helper accepted responsibility for organising a group for mothers at the Unit house.

Four University students spent a period at the Unit for practical work experience, and talks were given to various groups about the work of the Unit, including post-graduate social science students, student health visitors and welfare trainees.

Mrs. J. Bodman continued with monthly sessions at the Unit for case-work consultation, and these have been of considerable assistance to the staff in their work with the families. The liaison with other statutory and voluntary services has been an important feature of the service, and in this connection the local co-ordinating committee of social workers and officers has facilitated personal contact in discussion of mutual problems and interests.

Welfare of Unmarried Mothers

The number of illegitimate births in the City continues to rise. Large cities like Bristol tend to have these numbers increased by girls without a settled home, or who have cut themselves off from home and relations, finding themselves pregnant they seek the relative anonymity and the services which are available to them in the City.

During 1962, 836 girls sought help from Miss M. Reed, Welfare Officer to the Maternal and Child Welfare Section. Of these, 659 attended for the first time during the year.

Age Groups—under 16 years	...	...	36
16—20	..	...	262
20—25	..	...	268
25—30	..	...	141
30—40	..	...	108
over 40	..	...	21
Number having a 1st baby	...	...	539
.. .. 2nd ..	...	...	144
.. .. 3rd or more	...	...	147
(in majority of these cases parties are co-habiting)			
.. not pregnant	...	...	6

Of 522 mothers who attended and were delivered during the year and where a decision was reached about the future care of the baby, the following arrangements were made:—

			per cent
1.	Adoption	129 babies	(24·7)
2.	Care by Children's Department ...	16	" { 3·6 }
	Care by a Voluntary Organisation	3	" { 3·6 }
3.	Kept by mother	374	" (71·6)
	(a) in mother's home, i.e. with support of her family ...	129	"
	(b) living alone, apart from her family	141	"
	(a) living with putative father	104	"

From these figures it will be noted that a high proportion, over 71 per cent, of unmarried mothers, keep their babies, although arrangements may have to be made at a later date for the care of a few of these babies should the mother find it impossible to cope. This experience refutes the assumption that unmarried mothers are anxious to part with their babies and are not prepared to take maternal responsibility. Sixty-six girls were admitted into the Department's Mother and Baby Home, Snowdon Road, during the year; in addition, sixteen girls were admitted to St. Raphaels Roman Catholic Home and five to Mount Hope Salvation Army Home.

CARE AND AFTER-CARE SECTION

In the first two years following the establishment of a casework service the majority of referrals were of patients experiencing difficulty in adjusting to long term illness or disability whose families face the same problem. A number of cases have revealed a new and more complex problem, the patients and families concerned having been able to make a successful adjustment, in some cases involving a transfer of roles between husband and wife, are unable to bear the strain brought about by the development of a new anxiety. This critical period sometimes occurs as children reach their teens where parents are not able to tolerate the growth of independence and the normal rebellion which invariably accompanies it.

A seriously disabled mother will find it difficult not to resent the gradual assumption by a growing daughter of her own position in the household or a frail father the physical superiority of a son coming to manhood and this resentment may become overt and disruptive if it coincides with a further diminution in capacity for the patient. Those who have had the wisdom to help the children, at an earlier stage, to share some of the natural responsibility for a sick or disabled adult may be unable to allow them when earning a similar share of financial responsibility. Reluctance to do so may arise from an unwillingness to be partially dependent on a child or because of the social conventions of the group in which they live. An inability to permit them to assume wider responsibilities within the family may not only be damaging to family relationships but may inhibit the members' capacity to help each other to meet any new situation. If help in understanding is not forthcoming, at the time when most needed, this may eventually leave the family more disturbed than others who, in adversity, have never achieved unity and adjustment.

Help continues to be given to patients with short or long term illness and attending the Chest Clinic who present a wide variety of problems but for those with chronic disabling diseases one need is paramount and so far largely un-met. For those who are handicapped and in some cases housebound, facilities for useful and gainful part-time occupation are too meagre. As yet the joint effort of statutory and voluntary services is insufficient and despite difficulties of economics and organisation ways of devising a comprehensive scheme for the employment of these people must be found.

The preparation of welfare assistants for a career in social work is now undertaken jointly with Welfare Services Department and the first Induction Course organised inter-departmentally took place at the College of Commerce in the autumn of 1962. The Senior Medical Social Worker and Senior Psychiatric Social Worker were joined as tutors by a Senior Social Welfare Officer from Welfare Services Department. On this occasion the ten students all of whom had a good general education and a wide variety of experience ranged in age from 18 to 50. Of the total, seven had spent only three months in a department orientated towards social work. It is probable that six of the ten will remain permanently employed as welfare assistants, the other four having been selected as potential candidates for a Younghusband Course. For the latter there will be a continuation of training on the basis of a half-day release each week over a twelve month period and this will be in the form of regular seminars with one of the Psychiatric Social Workers and the Medical Social Worker interspersed with periods of study in preparation for the seminars.

Tuberculosis Voluntary Care Committee

During the year 1962 the Care Committee reviewed the work they had been doing for some 40 years and decided to extend their activities to cover patients suffering from other diseases of the chest and heart. At the moment it is not possible to assess what this will mean in actual cash but, undoubtedly, and what is more important, it will be of considerable help to a number of patients who despite long illness have only, generally speaking, received help from statutory funds.

The eradication of tuberculosis has always been an important part of the Committee's work and they decided that if a portable X-ray unit was available it would help very considerably in offering X-rays to small groups of people and also in diagnostic work. They were most fortunate through the offices of a voluntary association in Scotland in being able to purchase a Schonander Unit together with a van for a very nominal sum and by the time this report is in your hands the unit will be fully in use. The Committee is placing it in the hands of the Medical Officer of Health and at the disposal of the Chest Physicians employed by the Regional Hospital Board.

During the past years the Committee have spent some £500 on much needed holidays and practical help for patients such as the payment of electricity and gas accounts and supplying additional fuel.

With the closure of kiosks safely accomplished and new activities fully operating the Committee faces another year's work confident that in close co-operation with the Medical Officer of Health further progress will be made not only on the preventive side of medicine but in giving that additional help to the chronic sick which is so sorely needed.

STATISTICS

Maternal and Child Health

1962

Live births (Bristol mothers—from Birth Registrations)	...	...	...	7,249
Live birth rate	...	...	...	16.7
Stillbirths (Bristol mothers—from Birth Registrations)	...	...	...	118
Stillbirth rate per 1,000 total (live and still) births	...	...	...	16.0
Total births (live and still)	...	...	...	7,367
Infant deaths	...	...	...	151
Infant mortality rate per 1,000 total live births	...	...	...	20.8
Legitimate infant mortality rate per 1,000 legitimate live births	...	...	...	19.96
Illegitimate infant mortality rate per 1,000 illegitimate live births	...	...	...	30.66
Illegitimate percentage of live births	...	...	...	8.1
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	13.7
Early neo-natal mortality rate (deaths under 1 week per 1,000 live births)	...	...	...	12.0
Perinatal mortality rate (stillbirths + deaths under 1 week per 1,000 total live and still births)	...	...	...	27.8
Maternal deaths	...	...	...	1
Maternal mortality rate per 1,000 total live and still births	...	...	...	0.14
Number of live premature births	...	...	...	534
Number of live and still births at home (from birth notifications)	...	...	...	1,820
Number of live and stillbirths in institutions (from birth notifications)	...	...	...	5,750

(The above figures relate to Bristol residents)

Clinic Attendances

(a) <i>Ante-Natal</i>	<i>New Patients</i>	<i>Total Attendances</i>
(i) medical officers' sessions	652	4,754
(ii) general practitioners' sessions	4,009	30,175
(iii) consultant sessions	2,998	7,665
(iv) midwives' sessions	504	5,778
(b) <i>Post-Natal</i>		
medical officers and general practitioners	3,326	4,643
(c) <i>Child Health Clinics</i>		
(i) total number of infants under 1 year	...	5,576
total attendances of infants	...	56,963
(ii) total number of children 1—5 years	...	11,241
total attendances of children 1—5 years	...	29,618
(d) <i>Parentcraft Classes</i>		
(i) mothercraft attendances	...	7,910
(ii) relaxation and exercises attendances	...	8,211
(e) <i>Special Diagnostic Clinic</i>		
(i) new patients	...	431
(ii) attendances	...	930

Health Visiting

Home visits—ante-natal	...	1,991
primary (new babies)	...	7,117
infants under 1 year	...	36,751
(excluding primary visits)	...	
children 1—5 years	...	60,512
Sessions attended—clinics	...	5,732
nursery schools and classes	...	1,411 hours

Recuperative Convalescence

Mothers accompanied by children	...	11 mothers + 23 children
Unaccompanied children to:—		
(i) Broomhayes Nursery, Devon	...	3 children
(ii) Jan Smuts Home (closed June, 1962)	...	20 children
Adults (including 156 over 65 years)	...	194

Dental Care of Expectant and Nursing Mothers and Children under School Age 1962

- (I) (a) Number of officers employed at end of year on a salary basis in terms of whole-time officers to the Maternity and Child Welfare Service:—
- (i) Senior Dental Officer05
- (ii) Dental Officers4
- (b) Number of officers employed at end of year on a sessional basis in terms of whole-time officers to the Maternity and Child Welfare Service3
- (c) Number of dental clinics in operation at end of year ... 12
- (d) Total number of sessions (i.e. equivalent complete half-days) devoted to Maternity and Child Welfare patients during the year ... 296
- (e) Number of dental technicians employed in the local health authority's own laboratories at end of the year ... 1

(II) *Dental Treatment Return*

(a) *Numbers Provided with Dental Care*

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers ...	471	431	403	226
Children under Five ...	1,105	999	957	774

(b) *Forms of Dental Treatment Provided*

	<i>Expectant and Nursing Mothers</i>	<i>Children under Five</i>
Scalings and Gum Treatment ...	191	45
Fillings ...	627	531
Silver Nitrate Treatment ...	—	768
Crowns or Inlays ...	3	—
Extractions ...	596	1,217
General Anaesthetics ...	117	605
Dentures Provided:—		
Full Upper or Lower ...	22	—
Partial Upper or Lower ...	32	—
Radiographs ...	59	1

THE MENTAL HEALTH SERVICES

Dr. H. Temple Phillips

*(Chief Assistant Medical Officer of Health and Senior Medical Officer for
Mental Health)*

and

F. Morton

(Mental Health Officer)

Introduction

The most disturbing feature of the year's work has been the inevitable deterioration, as a result of a staff shortage, of the services provided by the mental welfare officers. Although, at the beginning of 1962, the establishment of eight officers was complete, it was already apparent that this number was inadequate, and during the year two additional posts were authorised. However, not only has it proved impossible to fill these two posts, but the service has been depleted by the loss of two existing officers — one by retirement and one by appointment to a more senior post.

Whilst all emergency calls have of course continued to be promptly met, the service has suffered in other ways: routine visits to patients receiving after-care have become less frequent than is desirable; the officers have been over-worked and have had to undertake more than their fair share of night and weekend duty; it has not been possible to take full advantage of the facilities offered by the hospitals for participation in case-conferences etc.; and, most important of all, the officers have not been able to use and develop the valuable, though time-consuming, techniques of social casework. This is particularly unfortunate in the case of the senior mental welfare officer who became qualified during 1962 as a psychiatric social worker. Consideration is being given to the question of what can be done, both from the short-term and long-term points of view, to remedy this serious situation, which of course is not peculiar to Bristol.

Planning for the future has continued to be foremost in the minds of both committee and officers, and the relevant parts of the ten-year programme which has been submitted to the Minister of Health are included in this report. Negotiations took place throughout the year with a view to obtaining the use of Devon House, Whitehall, as a hostel for the mentally ill, and the committee also agreed during the year to a proposal to build a hostel for the elderly mentally disordered on a site in Wells Road close to the Bush Training Centre.

Finally, we would draw attention to a very successful development in the care of the elderly. Through the courtesy of the trustees, it has been possible to transfer the old people's section of the Therapeutic Social Club, which formerly met in cramped accommodation at Southmead Clinic, to the common-room attached to Steevens' House — a group of old people's dwellings in Old Market Street. A most welcome feature of the new club has been the readiness with which the residents of Steevens' House have joined in its activities.

Organisation and Staff

The Health Committee of the Council is responsible for the control of the Mental Health Services, and has established a Mental Health Sub-Committee.

The Medical Officer of Health is responsible to the Health Committee for the organisation and control of the Mental Health Service. To assist him in this work he has the services of a Medical Director (the Chief Assistant Medical Officer of Health) and the following medical and non-medical staff.

<i>Medical</i>	<i>Establishment</i>	<i>Staff at 31.12.62</i>	<i>Whole or part-time</i>
*Senior Consultant Psychiatrist ...	1	1	part-time
*Consultant Psychiatrists ...	2	2	" "
<i>Non Medical</i>			
Mental Health Officer ...	1	1	whole time
Deputy Mental Health Officer ...	1	1	" "
Senior Mental Welfare Officers ...	2	2	" "
Mental Welfare Officers ...	10	6	" "
Trainee Welfare Assistants ...	2	2	" "
*Senior Psychiatric Social Worker ...	1	1	part-time
*Psychiatric Social Workers ...	6	5	" "
*Senior Educational Psychologist ...	1	1	" "
*Educational Psychologists ...	5	5	" "
Senior Clerk ...	1	1	whole time
Clerical Assistants ...	3	3	" "
Secretary ...	1	1	" "
*Clerical Assistant ...	1	1	part-time
Shorthand Typist ...	1	1	whole time
*Clerk/Shorthand Typist ...	5	5	" "
*Employed in Child & Family Guidance Service (joint service with Local Education Authority).			

Junior and Adult Training Centres

Chief Supervisor ...	1	1	whole time
Junior Training Centre Supervisor ...	1	1	" "
Junior Training Centre Asst. Supervisors ...	11	11	" "
Educational Psychologist ...	1	1	part-time
Speech Therapists ...	3	1	" "
Teacher of the Deaf ...	1	1	" "
Nursing Sister ...	1	1	" "
Adult Training Centre Supervisor ...	1	1	whole time
Male Adult Training Centre Instructors ...	4	4	" "
Occupational Therapist ...	1	1	" "
Handicraft Instructors ...	1½	1½	" "
Caretaker ...	1	1	" "
Domestic Helpers ...	4	4	part-time
Guides ...	7	7	" "
Cleaners ...	3	3	" "

Staff Changes

Mr. W. J. Morris, Mental Welfare Officer, retired on the 15th September, on reaching retiring age, after 38 years' service with the Corporation.

Miss M. J. McNaught was appointed to the post of Chief Supervisor of the Bush Training Centre as from 1st October, 1962.

Mrs. D. R. White, Senior Mental Welfare Officer, resumed duty in September, 1962, having successfully completed the Mental Health Course at the London School of Economics and qualified as a Psychiatric Social Worker.

Other changes took place in the clerical and Training Centre staffs during the year and all vacated posts have been filled.

Courses and Conferences

A Two-Day Conference for School Scoutmasters was held in London on the 8th and 9th January. The Group Scoutmaster of the 72nd Bristol (Marlborough House) Troop, who is also a Senior Mental Welfare Officer, attended.

The Mental Health Officer attended a Conference of Mental Welfare Officers and Psychiatric Social Workers, at High Leigh, Herts., from the 5th to 7th January.

The Annual Conference of the National Association for Mental Health was held in London on the 8th and 9th March. This was attended by the Chairman of the Mental Health Sub-Committee, the Chief Assistant Medical Officer of Health, and the Mental Health Officer. The theme of the conference this year was "Violence and the Mental Health Services".

A Refresher Course in Clinical Psychiatry for Mental Health Workers was held at Wills Hall, Stoke Bishop from the 26th to the 30th March, under the auspices of the University of Bristol, Departments of Public Health and Extra-mural Studies. The senior officers of the Mental Health Section played a major part in arranging the course, and four mental welfare officers attended. The decision to run a course with a clinical rather than a medico-social bias was taken in response to a need frequently expressed by mental welfare officers for some form of simple instruction in this aspect of their work. We were fortunate in obtaining lecturers who are recognised authorities in the various specialised topics covered in the programme. Sixty-six mental welfare officers and others from all parts of the country attended the course, and many favourable comments were received.

A course for Welfare and Mental Welfare Officers of senior status was arranged by the National Association for Mental Health. This took place from the 5th to 16th February, and 30th April to 4th May, and was attended by the Deputy Mental Health Officer.

The Supervisor of the Junior Training Centre attended the National Association for Mental Health's Refresher Course for Teachers of the Mentally Handicapped, held in Sheffield from the 26th July to 3rd August.

From the 4th to 11th August, a member of the Junior Training Centre staff attended the St. Nicholas Training Centre for Montessori Method of Education Diploma Course and Examination, and successfully gained a diploma.

As in previous years Mental Welfare Officers have devoted a considerable amount of time to the in-service training of Welfare Assistants. Both student nurses and trained nurses from the psychiatric hospitals have continued to visit the Mental Health Section throughout the year for periods of one week's observation and practical experience under the guidance of the Mental Welfare Officers.

Many students including post-graduates, medical undergraduates, social science students and those from training colleges, as well as others from home and overseas, have visited the Training Centre.

Subnormality and Severe Subnormality

At the end of 1962, the number of subnormal and severely subnormal persons known to the Local Authority was 922. This shows a reduction of 43 over the figures for 1961. During the year 144 new cases of subnormality and severe subnormality were referred, and 187 were discharged having become stable or being no longer willing to accept visits from the Mental Welfare Officer.

The new referrals came from the following sources:—

From :	M.	F.	TOTAL
Hospitals	15	24	39
General Practitioners	6	4	10
Local Education Authority ...	26	22	48
Police	2	2	4
Relatives	7	4	11
Local Health Authority Departments	6	8	14
Other Local Health Authorities ...	6	10	16
Hospital	1	—	1
National Assistance Board	—	1	1
	69	75	144

These were dealt with as follows :	M.	F.	TOTAL
Informal Supervision and After-Care	44	45	89
To Hospital (informally)	8	6	14
To Hospital (detained)	3	3	6
Guardianship	—	3	3
Action unnecessary or supervision refused	6	8	14
Pending action on 31.12.62	8	10	18
	69	75	144

Waiting List

At the commencement of 1962 there were 20 names on the list of sub-normal and severely subnormal persons awaiting admission to hospital and during the course of the year 24 were added. Of this total of 44, 28 were admitted, and in three cases admission became unnecessary. This left a total of 13 awaiting admission at the 31st December, 1962.

In addition to the 28 admitted from the Waiting List, it was necessary to admit a further 40 as a matter of urgency, making a total of 68 admissions during 1962. These admissions were arranged in accordance with the following provisions of the *Mental Health Act, 1959*:—

	M.	F.	TOTAL
Section 5 (Informal)	32	12	44
Section 25 (Observation)	1	3	4
Section 26 (Treatment)	11	7	18
Section 29 (Emergency)	—	2	2
	44	24	68

In the absence of Local Authority hostels, continued use has been made of hospital beds for the accommodation of children and adults for short periods when residential care has been necessitated by illness of parents or other social factors. During the year such care has been provided in 47 cases as follows:—

	M.	F.	TOTAL
Hortham Hospital	11	7	18
Stoke Park Hospital	14	9	23
Other N.H.S. Hospitals	4	2	6
	29	18	47

*Assessment Clinics**Dr. Heaton-Ward reports as follows:—*

During the period under review a clinic was held on the first, as well as the fourth, Tuesday in each month, in place of the clinic which had previously been held at the Children's Hospital.

There was an encouraging increase of fifty per cent in the number of new cases seen during the year over the combined figures for the Children's Hospital and Central Health Clinic for the previous year.

Approximately the same number of follow-up cases were seen. Of the thirty-nine new cases thirty-eight were referred by Local Health Authorities and only one directly by a General Practitioner.

The facilities for assessment and treatment appeared to be very much appreciated by patients' relatives.

Dr. Lumsden-Walker reports as follows:—

During the year ended 31st December, 1962, the following cases were seen at the Assessment Clinic:—

	<i>New</i>	<i>Follow-up</i>
Bristol Local Health Authority	8	37
Gloucestershire Local Health Authority	3	6
Wiltshire Local Health Authority	1	—
Children's Department	2	—
Child Guidance Clinic	2	1

The above figures, although they show a slight increase on those of the previous year, indicate the rise to be mainly among follow-up cases. There is a slight drop in new referrals, possibly due to the fact that in North Gloucestershire there is now a further Assessment Clinic operating for that area. This is, of course, of considerable benefit and means that the patients one sees have not had to make excessively long journeys. The rise in the number of follow-up patients seen is very gratifying. I would suggest that it indicates that the Assessment Clinic is beginning effectively to form a part of the community Mental Health Service, where consultation and advice to patients and relatives remaining in the community, or who have returned to the community from hospital care, is available. I would regard continuation of this rise as being a healthy sign.

I indicated in last year's report that I felt that support to parents weighed down by the considerable problems of the mentally handicapped child or relative in their care, required to come from every possible direction, and that this seemed one especial place where counsel could be given.

If the mentally handicapped are to remain effectively to a greater extent in the community, it would be necessary to strengthen the ties with the general family practitioners. This is being done in the meantime, by reporting to the family doctor on each occasion when a patient attends an Assessment Clinic. In this way one hopes that a service is being given not only to parents and relatives, and not only to welfare officers of the social services, but also to the family doctor, who may find himself called upon to deal with the day-to-day problems and difficulties in the family situation.

Junior and Adult Training Centres

At the end of the year the total number of persons on the register was as follows:—

	MALE		FEMALE		Total
	Under 16	Over 16	Under 16	Over 16	
Junior Training Centre ...	74	2	54	—	138
Adult Training Centre ...	—	82	—	74	148
	74	84	54	74	286

There was an average daily attendance of 220.

The following table indicates the number on the register, and the average attendance, over the last ten years:—

YEAR	No. on Register			Average daily attend- ance
1953	208	157
1954	219	175
1955	227	166
1956	234	183
1957	250	199
1958	252	206
1959	273	225
1960	277	227
1961	295	241
1962	286	220

The overcrowding, as reported in 1961, has continued, and a waiting list has had to be maintained. Careful selection of new trainees, though resulting in a slight decrease of nine cases in the number on the register, has meant that a number of children in need of training have been temporarily deprived of this. This situation will be remedied in the very near future when the new training centre is available for use.

The table indicates an apparent decrease in the average daily attendance. This was due to the fact that it was necessary to close part of the Centre for several short periods when the heating system broke down.

Medical Care

All patients attending the Training Centre have been seen at regular medical examinations during the year and any abnormalities have been referred to parents and general practitioners with a view to treatment.

Dental examinations have also been held regularly and the alternatives of treatment by the patients' own dentist or at the School Health Service Clinics have been offered. In several cases where dental treatment as an out-patient was impracticable, short-term admission to hospital was arranged so that in-patient dental treatment could be performed.

A number of medically prescribed diets have been strictly adhered to and weight records have been kept upon medical request. A considerable number of patients attending the Training Centre receive medication during the day as prescribed by their general practitioners, and the staff of the Training Centres have continued to be responsible for administering this.

The Nursing Sister has attended weekly to treat minor ailments.

As reported in 1961, all patients in the Junior and Adult Training Centres have been the subject of Phenistix tests for phenylketonuria, and in 1962 all new entrants to the Training Centre have been tested in this way.

It is pleasing to report that there has been no serious absenteeism from the Centre due to any infectious or contagious disease.

Special Care Unit

In the absence of new accommodation it has not been possible to develop further the Special Care Unit which remains situated in unsuitable classroom accommodation. The unit has continued to deal with 15 children whose ages range from 2 to 14 years. Almost all of these children are physically as well as mentally handicapped, and are doubly incontinent and incapable of any constructive action.

There can be no doubt that the Special Care Unit provides a considerable relief for the parents of these children and the facilities afforded will be increased when the new Training Centre is available for use.

Psychologist's Report

(Mrs. A. E. Sedgley)

Psychological sessions have been employed during the year as follows:— routine testing of children and adults, special tests in cases of behaviour problems, design of tests to facilitate specialisation in the workshop, hospital and domiciliary tests.

Routine Tests

Some suitable form of test is given to new admissions to the Centre, usually after a suitable interval of time has elapsed, during which the child will have settled down into the new environment. Sixteen year olds have been tested before transfer to the industrial section as customary, until the latter half of the year when difficulties of accommodation have held up transfer from school to workshop.

Special Tests

These have been carried out as and when required on account of parents' queries as to progress or on account of behaviour problems in school or at home, with an age range of below three years to adults of nearly sixty.

Vocational Assessment

Some considerable time has been devoted to the further development of a method of assessing the capabilities of school leavers for the various tasks which are undertaken in the workshops. Every process which is carried on in the workshops at present, ranging from making up of paper carriers and assembly of seed boxes to sorting of scrap material, is analysed and rated according to the degree of skill required for success. The qualities assessed are intelligence, physical force, muscular co-ordination, co-operation with other workers, and an assessment is also made of the effect of fatigue. Each task is rated on these points and the results are transferred to a circular cardboard disc which is used as a standard measurement. For every boy and

girl transferring at 16 to the industrial unit, a similar individual diagram is produced which can easily be compared with the standard for each task, when it may be seen for which job the individual is most suited.

This technique has been borrowed and adapted from the work of industrial psychologists in Holland and it is hoped that it will help in channelling industrial workers into suitable occupations, thus avoiding waste of ability and unhappiness of the individual who may be employed in a task which could otherwise make too many demands or equally unfortunately, not enough, thus failing to develop hidden and latent skills.

Hospital and Domiciliary Tests

These have been carried out as usual and throughout the year nearly thirty of these cases have been seen — this number being a considerable increase on previous years. A certain number of these are requests received from psychiatrists for psychological examination prior to the patient's attendance at an assessment clinic; the rest are mainly those referred by mental health workers for investigation with regard to suitability for employment.

Margaret Morris Movement

This year has been more forward-looking than most because of the greater facilities promised in the new Centre. A secluded hall will give the opportunity for developing imaginative and creative movement, which need an atmosphere of sustained concentration in which to grow. This "dramatic expression" is of even greater value where normal speech is difficult, opening channels for the constructive outlet of emotional stresses.

As a basis for this aesthetic work we have continued remedial and athletic training. Included under the heading of remedial work is deep, rhythmic and placed breathing — essential for the treatment of respiratory difficulties and most helpful in relaxing nervous tensions — and postural exercises, beginning with the feet. Athletic training covers muscular tone and resilience, controlled co-ordination and power, balance and poise.

Every class combines aesthetic, remedial and athletic training, but we must admit that with the limited time at our disposal progress is slow.

Scouts and Cubs

During the year the Committee of the Boy Scouts' Council has had under consideration the future of the Marlborough House Scout Troop in the light of Imperial Headquarters' new policy for mentally handicapped scouts.

The Group was visited by the Imperial Headquarters' Training Secretary on the 23rd August, 1962, and in his report he drew attention to the similarity in the general aims of the Training Centre and those of the Boy Scout Movement. Both gave a general training for life and citizenship; the basic ideas of loyalty, honesty, courtesy and usefulness being part of the normal training of the Centre.

The decision that we should be allowed to continue as a group put an end to the uncertainty that had existed for many months, but is subject to the Group's conformity to the policy of the Boy Scouts' Association which can be summarised as follows:—

1. That only those boys who are able to understand the Cub or Scout Law and Promise should be allowed to join.
2. No boy should be permitted to join the Group before his 8th birthday or remain as a Scout after his 24th birthday.
3. Special or alternative tests will not be provided.
4. That a Senior Scout Patrol or Troop may not be formed.

The policy has now been applied and, at present, the Group consists of a Cub Pack and two Scout Troops, one for those leaving the cubs at the age of 11 years, and one for boys in the Adult Centre with an age range of 16 to 24 years.

For those leaving the Scouts at the age of 24 years, a League of Old Scouts has been formed, the aim being to keep alive the spirit of scouting and the comradeship they have enjoyed over the years. They do not wear uniform and the League is not connected with the Baden Powell Guild of Old Scouts.

In spite of the suspense as to its future, and the absence of the Senior Scoutmaster through illness, the Group has continued its normal activities. The Bob-a Job effort fell below the usual high standard of achievement, partly owing to the reduced strength of the Group and partly owing to resentment by some parents of the new policy for mentally handicapped Scouts. Most parents have now accepted this change and the almost 100 per cent attendance at the last parents' evening, demonstrated their enthusiasm and interest.

Meanwhile, whilst the group looks forward to the increased scope for Scouting activities offered at the new Training Centre, many will feel very sad at the thought of leaving the Scouts' Den, at Marlborough House, which they helped to decorate and equip.

Guides and Rangers

Sixteen Rangers and Guides attend the weekly meetings which form an important part of the Training Centre curriculum.

During the year the Rangers have received regular instruction in Beauty Therapy, Care of the Hair, and Flower Arrangement. Visits of observation have been made to the City Art Gallery and Museum and also to various exhibitions held in the City.

During Guide Week the sum of £4 13s. 1d. was collected for Guide funds. The Guides also sold Christmas cards and made a profit of £4 4s. 0d. which was given to the Freedom from Hunger Fund.

The combined Annual Church Parade of Guides, Scouts and Cubs took place at the Harvest Festival Service which was held in the Church of St. James with St. Peter, Horsefair, during which eggs were contributed and given to elderly people.

As in former years, the Guides joined the Extension Outing to Weston-super-Mare. It is good to report that the subnormal Guides were able to help their less fortunate physically handicapped friends, who were experiencing difficulty when walking on the soft sand.

In February, the Guides were guests of Clifton High School, Bedminster Club, at a Party. It is worthy of note that the girls mixed extremely well with the normal girls. A return visit by the club was made when the Guides were attending the Annual Camp at Winscombe in Somerset. Kingsdown District Brownies and Guides also visited the camp and competed for the District Cup and Shield. The Divisional Commissioner very kindly attended to judge the competitions and to award prizes.

The film entitled 'Guides and Rangers' which was made by the staff of the Mental Health Section in 1961, has been shown to Guide Commissioners and a large number of people interested in the Guide Movement, and has been enthusiastically received. We are honoured by a request for the film to be shown at the Imperial Guide Headquarters in London.



Social Club for the Elderly — Steevens' House.



Contract work at Marlborough House Training Centre:
Manufacture of seed boxes for a local firm.

Workshops

Following the reorganisation of the workshops carried out in 1961, men and women have continued to work together in a most satisfactory manner, and the improvement in behaviour, time-keeping, industry, and personal appearance, has been maintained. Despite the fact that it was necessary to close the workshops for a short period consequent upon heating problems, all contracts have been maintained and the following tasks have been regularly carried out:—

- Manufacturing of wooden seed boxes
- Manufacturing of carrier bags
- Sorting of polythene/paper offcuts
- Assembly of sample packs of animal foodstuffs
- Boot and shoe repairing
- Mat making
- Brush making
- Simple carpentry.

The varied nature of the tasks performed has enabled men and women to be moved from shop to shop in accordance with their particular aptitude, and a series of tests carried out by the Educational Psychologist in this connection has been of great value. Reference is made to these performance tests in the Psychologist's report.

Throughout the year efforts have proceeded to obtain additional contracts and, in particular, to find some light engineering work. This has not so far been possible. In 1957 when we first undertook contractual work for local manufacturers we were the first in the field in the Bristol area and then had some difficulty in persuading employers that we were capable of doing the work and of safe-guarding the materials. Since that time there has been a marked change in the situation and we now have a large number of competitors due to the fact that all of the psychiatric hospitals have set aside workshops for this industrial therapy, and, in addition, the Industrial Therapy Organisation, the Workshops for the Disabled, and the Spastic Workshops have opened. The present problem, therefore, is to obtain an adequate share of the amount of work available in the district. There may well be a case for the setting up of a Regional Control, preferably by the Ministry of Labour, so that contracts obtained centrally could be spread throughout the various organisations participating in industrial therapy. Under the present system of each organisation seeking its own work, jobs are sometimes turned down because labour of a suitable grade is not available in sufficient numbers to perform the tasks at the speed demanded by the employer. With a central control, and the distribution of work between all organisations, this problem would be overcome, and it is likely that an increased number of contracts could be taken on to the complete satisfaction of employers. Meetings to discuss the possibility of such an arrangement have been mooted during the year but have not yet been held.

Inter-Hospital Sports Meeting

The Marlborough House Annual Sports Day is now a well established event. Because of the lack of accommodation at Marlborough House the Sports are held at Purdown Hospital, by kind permission of the Stoke Park Hospital Management Committee.

In the various hospitals similar Sports Days are held each year. Recently, on the suggestion of the Stoke Park Hospital authorities, it was decided to inaugurate an Inter-Hospital Sports Meeting and all the appropriate hospitals in the region, namely Hortham Hospital, Brentry Hospital, Stoke Park Hospital, Purdown Hospital, Hanham Hall Hospital, Leigh Court Hospital, Farleigh Hospital, and Norah Fry Hospital, readily accepted invitations to participate as did our own Local Health Authority.

Entrants were limited to boys and girls over the age of 16 years and small prizes were given to each competitor, winning or losing. In addition, points were awarded and two shields presented, one to the winning men's team and one to the girls' team with the highest score. Despite the limited facilities for sporting activities at Marlborough House, the Training Centre team, particularly the girls, did extremely well.

It can be anticipated that in future years, with the advantages of the playing fields and the gymnasium at the new Training Centre, the Training Centre team will be even more successful.

It is intended that the event will be repeated annually in the grounds of the various hospitals and the Local Authority in turn. The introduction of this inter-hospital function is a further step forward in the very close co-operation now existing between the hospitals and the Local Authority.

Marlborough House Parent-Teacher Association

During 1962 the Marlborough House Parent-Teacher Association has continued to organise outings and to provide amenities for the patients attending the Training Centre.

As reported in 1961 the Parent-Teacher Association in appreciation of the provision of the new Training Centre by the City Council, undertook to provide a heated, covered, chlorinated, swimming pool by voluntary effort. During the year it was found possible to amalgamate with the Bristol and District Society for Mentally Handicapped Children and the Mr. Pastry Swimming Pool Fund. A very generous donation was received from the Billy Butlin National Playing Fields Association Fund and Mr. Butlin came to Bristol in June to cut the first sod. This event was followed by an invitation from Mr. Butlin to the members of the Health Committee and Joint Project Committee to visit his Holiday Camp at Minehead. During the visit the spade which was used to cut the first sod was presented to Mr. Butlin.

Numerous donations were received from local charitable organisations and business firms, and from the general public. In addition the Good Neighbours' Trust donated £2,500 with the promise to match every subscription pound for pound to a maximum of a further £1,250. Offers of material help were received and accepted from a number of business firms, and this has resulted in its being possible to provide a much larger pool than was at first envisaged, and for improved therapeutic facilities.

At the end of the year the Joint Project Committee had almost completed the mammoth task of raising the full total of £16,100.

Mental Illness

During the year Mental Welfare Officers have dealt with 599 cases of mental illness in the following ways:—

	<i>M.</i>	<i>F.</i>	<i>TOTAL</i>
Admitted to Psychiatric Hospital (Detained)	138	170	308
Admitted to Psychiatric Hospital (Informal)	35	54	89
Admitted to General Hospital ...	—	1	1
Referred to Welfare Service Department	2	8	10
Community Care	24	40	64
Investigation only	57	70	127
	256	343	599

Mental Health Community Care Service

The present establishment of the Mental Health Section allows for two Senior Mental Welfare Officers, ten Mental Welfare Officers, and two Welfare Assistants. There are, at present, four unfilled Mental Welfare Officer posts. These vacancies have been repeatedly advertised, but it has so far proved impossible to recruit suitable officers.

The implementation of the *Mental Health Act, 1959*, has caused a marked increase in the volume and complexity of mental health social work which is being undertaken in Bristol, and each of the Mental Welfare Officers is now attempting to cope with very heavy case loads of acute and chronic problems associated with mental disorder of all kinds. Plans for the extension of the service cannot be put into operation during the existing staff shortage, and it is not possible to give adequate attention to the less urgent situations.

Following receipt of Ministry of Health Circular 2/62, the following 10-year plan was presented to the Minister of Health:—

The volume and complexity of mental health social work to be undertaken by the Local Authority will increase within the next 5 years. This is consequent upon the following trends:—

- (a) Treatment of more patients in community instead of in hospital.
- (b) New methods of treatment: the development of Industrial Therapy: the increased use of informal treatment: the declared reduction in the number of beds in psychiatric hospitals.
- (c) The proposed establishment of local authority hostels for mentally disordered persons.

Present arrangements — At present, there are 6 districts in each of which all forms of mental health social work for mental disorder are carried out. Six district officers (2 senior mental welfare officers and 4 mental welfare officers) assisted by 4 mental welfare officers are employed. The latter are attached to 4 districts, but assist in the other 2 districts when the need arises. Two welfare assistants are at present 'attached' to the service, but they are undergoing in-service training at the present time.

The district officers attend out-patient clinics, hospital case conferences and clinical sessions, particularly when cases in which they have an interest are being discussed. After-care cases are referred to the mental welfare officer in charge of the area to which the patient will go on discharge from hospital, and the officers concerned go to the hospital to interview patients and for psychiatric direction.

Nine social workers are employed by the 4 hospitals.

Future arrangements—

(a) *First 5 year period* — The first objective is to complete the Local Health Authority's 'teams' of social workers for each of the 6 districts.

However, discussions will be held to consider how the hospital and community social work services can be better integrated.

Both authorities employ social workers (of differing levels of qualification, experience and pay) and it might be argued that a pooling and re-alignment of social workers on the functional basis of clinic psychiatric teams, rather than the present organisation would prove of more value to all concerned.

The joint appointment by the Local Health Authority and Hospitals of a Social Psychiatrist might also be discussed.

At some stage there will also be a need to integrate the adult and child psychiatric services.

(b) *Second 5 year period*—With the increase of community mental health social work it will be necessary to appoint a further 2 senior mental welfare officers, 2 mental welfare officers and 2 welfare assistants.

In due course it is hoped that the area organisation for the Child and Family Guidance Service will coincide, and be integrated with that for the 6 areas of the City which make up the Community Mental Health Services. Three Child and Family Guidance teams will be responsible each for 2 sectors. Each team will consist of 1 senior and 1 junior psychiatrist; 2 half-time medical officers (these may be School Medical Officers, Maternity and Child Welfare Medical Officers, General Practitioners or others for whom it is considered advisable to have in-service training); 2 domiciliary social workers with University equivalent professional training and 2 generically trained case-workers; 1 educational psychologist (with a senior supervising psychologist for the City) and 1 whole-time clerk.

By 1967 the expected establishment in the Child and Family Guidance Service would be:—

- 3 Senior Psychiatrists (part-time)
- 3 Junior Psychiatrists (part-time)
- 6 Part-time Medical Officers (equivalent 3 full-time)
- 6 Psychiatric Social Workers (full-time)
- 6 Social Workers (full-time)
- 3 Clerks (full-time)

This staff is based on the service needs of families living in the City and does not take into account any time that would have to be allocated for training social science students, Younghusband students (welfare assistants) and other professional people.

Appropriate accommodation will be required in each area (3 suites), i.e., office space for 6 team members, with waiting room and playroom for diagnosis and simple treatment. Those cases requiring deeper psychotherapy will either attend a central clinic under the Local Health Authority or a clinic set up (not yet fully discussed) by the Teaching Hospital or the Regional Hospital Board.

A constant aim of the Child and Family Guidance Service will be (by virtue of sessions held in peripheral Maternal and Child Health and School Health Clinics and everyday contact with the staff) to re-orientate child health work.

The Capital Programme Schedule lists the numerous projects the Authority have in mind to meet their responsibilities under the *Mental Health Act*. The Bush Training Centre for Subnormal and Severely Subnormal Children and Adults situated at Hengrove, Bristol, 4, is a purpose-built training centre which will be ready for use by early 1963.

The building will incorporate a special care unit for the day training of 40 physically and mentally handicapped children; a residential short-term care unit to accommodate 20 children under the age of 16; a Junior Training Centre providing facilities for the day training of 200 subnormal and severely subnormal children under the age of 16; and an Adult Training Centre providing 150 places. All the above is to be administered as one unit. This Training Centre will replace the existing Centre at Marlborough House.

It is hoped that Devon House Hostel for psychiatric patients not in need of nursing supervision will be opened 1962-1963 but difficulties have recently arisen in securing the premises. Consultant psychiatric advice for patients in the hostel will be provided by the Regional Hospital Board.

The Housing Committee will provide 5 new houses at Blackberry Hill, Stapleton, for the use of psychiatric patients being rehabilitated at I.T.O. It is anticipated that there will be 4 or 5 patients living in each house, another one house will be occupied by supervisory hospital nursing staff. Patient stay will be of short duration, certainly for not more than one year. The Local Health Authority will provide the associated community social worker.

The rate of expansion of hostel services during the second 5 year period cannot be predicted at this stage.

The suggestion that a sheltered workshop for subnormal men and women should be provided between 1967 and 1972 appealed to the hospital representatives who wondered whether this type of workshop might be an alternative to specially built occupational therapy wards in mental hospitals.

DEVELOPMENT OF LOCAL AUTHORITY HEALTH AND WELFARE SERVICES

B
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CAPITAL PROGRAMME 1962/63

Schemes (in order of priority)

Bush Training Centre for Subnormal and severely subnormal children and adults

Hostel for Psychiatric Patients

Location and size

Hengrove, Bristol, 4.
Special Care Unit 40 places
Short-term care unit 20 places
Junior Centre 200 places
Adult Centre 150 places
Total :— 410 places.

Site not chosen — proposed to adapt existing building
12-15 patients

Need

Replacement of existing Centre at Marlborough House which has become inadequate for present needs.

New provision — to meet demand indicated as a result of investigations carried out in the psychiatric hospitals.

CAPITAL PROGRAMME 1963/64

Marlborough House — Hostel for Subnormal adults

Marlborough House — Extension of Mental Health Administrative Headquarters ...

Marlborough Hill, Bristol, 2.
30 places

Marlborough House, Bristol 2.

New provision — to accommodate 30 mentally subnormal men who will be in open employment.

Accommodation for Mental Health Services Administrative and Social Working staff.

Present accommodation is dilapidated and unsuitable for increasing administrative requirements.

(Conversion of present Junior Training Centre).

Site to be found
30 places

Hostel for Elderly Mentally Disordered Persons — Combined with Day Centre.

New provision — Investigation in psychiatric hospitals show that there are 50 persons at present in need of this type of care.

Site(s) to be found

To provide accommodation for 4 clubs and to enable existing club facilities to be extended.

*Social Centre(s) Mental Health

*Subsequently deferred to 1964/65

CAPITAL PROGRAMME 1964/65

Schemes (in order of priority)

Location and size

Mental Health — Hostel for chronic psychotics

Site to be found
15 places

Need

New provision — to meet existing needs for chronic psychotic patients who can live in hostel accommodation *without* nursing care.

CAPITAL PROGRAMME 1965/66

Hostel for psychotic patients

Site to be found
30 places

New provision — to accommodate psychotic patients who remain in need of nursing supervision. Based upon investigations in psychiatric hospitals.

CAPITAL PROGRAMME 1966/67

Hostel for Female Mentally Disordered Persons

Site to be found
12-15 persons
Probably adapted premises

To meet existing needs and to provide accommodation for employable adult female subnormal persons.

CAPITAL PROGRAMME 1967/72

Hostel for Elderly Mentally Disordered Persons

Site to be found. Size according to requirements.

To meet the existing need of the community

Sheltered Workshops for subnormal men and women

Site to be found. Size according to requirements.

Scheme possibly with Ministry of Labour for subnormal persons capable of carrying out simple repetitive work under supervision.

Suicide and Attempted Suicide

The following table is an analysis of the 1962 cases:—

	<i>Suicides</i>			<i>Attempted Suicides Reported to Mental Welfare Officers</i>		
	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Poisoning :—						
Aspirin	—	2	2	2	5	7
Coal Gas	12	10	22	4	6	10
Unspecified Tablets ...	—	—	—	5	17	22
Unspecified Poison ...	1	2	3	—	2	2
Narcotics	1	3	4	—	2	2
Drowning	—	2	2	—	1	1
Hanging	2	1	3	—	—	—
Shooting	2	—	2	—	—	—
Stabbing	1	—	1	2	—	2
Cutting wrist	—	—	—	3	3	6
Cutting throat	1	—	1	4	—	4
Jumping from Bridge ...	—	—	—	1	—	1
Jumping from Gorge ...	—	2	2	—	—	—
Jumping under vehicle ...	—	1	1	—	2	2
Totals	20	23	43	21	38	59

<i>Age Incidence</i>	<i>Suicides</i>			<i>Attempted Suicides</i>		
	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Under 20	—	—	—	2	2	4
20-29	2	1	3	3	12	15
30-39	2	3	5	8	13	21
40-49	3	3	6	—	5	5
50-59	1	10	11	4	3	7
60-69	6	6	12	2	1	3
70-79	3	—	3	—	2	2
80+	3	—	3	2	—	2
Totals	20	23	43	21	38	59

Social Therapy and Rehabilitation*The Social Therapy Club, Southmead*

It has still not been possible to find alternative accommodation for this club and the amount of storage accommodation has been restricted by the loss of the room previously occupied by the club for elderly mentally disordered persons (see below). It is now necessary to store all handicraft materials in the main club room. Continued efforts are being made to find more suitable premises.

Despite the adverse circumstances, membership has increased and there is now an average daily attendance of 21. The club has continued to provide a very valuable service in the social rehabilitation of patients recovering from mental breakdown. During the year it was open for a total of 242 days, and the total number of attendances was 5065.

Club for Elderly Mentally Disordered Persons

During 1962 it became possible to obtain the use of the Common Room at Alderman Steevens' Almhouse, Old Market Street for use as a club for mentally disordered elderly persons. These new premises contain lavatory and kitchen accommodation and the main club room is bright and commands an

interesting view of Old Market Street. These most suitable premises can cater for up to 20 old people all day, or approximately 30 old people for the part day. The club has, therefore, been moved from Southmead to Old Market Street and was well established at the close of the year.

An interesting development has been the way in which the residents of the Almshouses have taken an interest in our mentally disordered patients, and are, themselves, regular visitors to the club where they mix freely with the club members.

The club continues to function during the afternoons only but the facilities will, in all probability, be extended to cater for the whole day when a meals service can be provided.

Stokes Croft Club

Through the kindness of the Bristol & District Society for Mentally Handicapped Children, this club continues to function in the Society's premises at Stokes Croft. There is an average attendance of 15 girls, and the girls who are mainly under the Guardianship of the Local Authority and who are all in residential domestic employment in the City, look forward to their visits to the club, where they can relax in a homely atmosphere and discuss their problems with a Mental Welfare Officer.

Unfortunately, the club premises are far from ideal, and the Bristol and District Society for Mentally Handicapped Children are now anxious to regain full use of the room for other purposes. Efforts are being made to provide alternative and more suitable accommodation in a more central position in the City in the near future.

Townsend Youth Club

A full report on this club was included in the Annual Report for 1961. The club has flourished during the current year. Although all the boys and girls attending are mentally handicapped, visitors to the club have commented upon the fact that in many of its aspects the club functions as a normal youth club. There have been singularly few difficulties associated with the running of the club. The membership of 89 cannot be increased because of the limited facilities available.

An extreme problem is now presented to the Management Committee and to the youth leaders, as the club will soon have to vacate its present premises when the Junior Training Centre is removed to Hengrove and the building is taken over for administrative purposes. It would be most unfortunate if this club, which is supplying a most important need, should have to close, even temporarily, through lack of accommodation, and every effort is being made to find suitable accommodation.

Industrial Therapy Organisation Ltd.

The Mental Health Section of the Local Health Authority continued to work in close liaison with I.T.O. in the rehabilitation of the mentally ill.

Eighty new patients were referred to I.T.O. during 1962. The recent tendency has been for less to be referred from the psychiatric hospitals and

more from the community. The latter now constitute about half the total referrals. There are about 40 patients awaiting admission to I.T.O.

The increase in the volume of work done by patients is reflected in the fact that patients' total earnings rose from about £36,000 in 1961 to about £50,000 in 1962.

Twenty-six patients were found jobs in open employment during the year. In addition, the policy of finding sheltered placements in open industry is being developed, and the Ministry of Labour has been asked to recognise these for the payment of deficiency grant in the same way as for sheltered workshops.

Four other Industrial Therapy Organisations have been opened (three in England and one in Ireland) and it is understood that others are contemplated.

Unfortunately, owing to a serious staff shortage, it became necessary in September 1962 to discontinue the regular attendance of a mental welfare officer at I.T.O., but a health visitor has continued to attend regularly, and acts as a link between I. T. O. and the Mental Health Section.

Child and Family Guidance Service

(Joint Service with Local Education Authority)

An account of this service appears in the section of this annual report relating to the School Health Service.

Classification of Patients referred to Mental Welfare Officers and admitted to Hospital under detention

	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male Total	Female Total	TOTAL
<i>Under</i> 20																			
	20-29	30-39	40-49	50-59	60-64	65-74	75-79	80 and over											
HOSPITAL ADMISSIONS																			
<i>Section 25</i>																			
Mental Illness	2	—	9	20	14	16	10	19	12	20	3	8	8	10	4	5	2	2	164
Subnormality	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Severe Subnormality	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Totals	2	2	9	21	15	16	10	19	12	20	3	8	8	10	4	5	2	2	168
<i>Section 26</i>																			
Mental Illness	4	—	6	3	5	5	8	10	6	7	2	3	3	5	—	3	—	1	71
Subnormality	—	2	2	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	8
Severe Subnormality	4	2	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	10
Totals	8	4	9	5	8	6	9	10	6	7	2	3	3	5	—	3	—	1	89
<i>Section 29</i>																			
Mental Illness	4	1	3	5	11	4	4	9	11	7	1	3	1	1	1	2	2	2	71
Subnormality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Severe Subnormality	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Totals	4	3	3	5	11	4	4	9	11	7	1	3	1	1	1	2	2	2	73
<i>Section 60/61</i>																			
Mental Illness	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Subnormality	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Severe Subnormality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Totals	—	1	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	7
GRAND TOTALS	14	10	23	32	37	26	23	38	29	34	6	14	12	16	5	9	4	5	337

Mental Health Statistics for 1962

1. Number of patients Under Local Health
Authority care at 31.12.62

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Totals				
	Under 16		16 and Over		Under 16		16 and Over		Under 16		16 and Over		Under 16		16 and Over		Under 16		16 and Over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Number of patients Under Local Health Authority care at 31.12.62																					
(a)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c)	—	—	15	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(d)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(e)	—	—	26	46	—	—	—	—	12	8	151	141	17	23	146	112	29	31	323	299	
(a) to (d)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS	—	—	41	74	—	—	—	—	12	8	151	141	91	77	234	208	103	85	426	423	

2. Number of patients in Local Health
Authority area on waiting list for
admission to hospital at 31.12.62

(a) In urgent need of hospital care ...	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	2	1	—	3
(b) Not in urgent need of hospital care ...	—	—	—	—	—	—	—	—	—	—	—	—	1	1	5	2	1	1	5	9
TOTALS	—	—	—	—	—	—	—	—	1	—	—	—	1	2	6	2	1	3	6	12

3. Number of admissions to temporary
care during 1962

To N.H.S. Hospitals	—	—	—	—	—	—	—	—	1	—	2	—	10	6	16	12	11	6	18	12
TOTALS	—	—	—	—	—	—	—	—	1	—	2	—	10	6	16	12	11	6	18	12

THE AMBULANCE SERVICE

The following report has been submitted by Mr. R. F. F. Wood, Chief Ambulance Officer.

It was obvious in the early part of January when the service was faced with an almost overwhelming number of urgent requests for transport for patients suffering from bronchitis, pneumonia and cardiac failure, that 1962 was going to be a difficult year. Such long range forecasting proved to be correct as an increased number of patients were carried compared with 1961, and the year ended with the service having to operate in exceptional circumstances due to heavy falls of now.

Table 1 shows the total number of patients carried, a breakdown into certain categories, the number of patients passed to the supplementary services of the Taxi Association and the Hospital Car Service. The total of 171,249 patients is an increase of 7,270 over 1961 and an increase of more than 20,000 when compared with the figures in 1959.

Table 1

	<i>BRISTOL AMBULANCE SERVICE</i>					<i>Supplementary Services</i>		<i>GRAND</i>
<i>1962</i>	<i>Accid'ts</i>	<i>Maternity</i>	<i>I/D</i>	<i>General</i>	<i>Total</i>	<i>Taxis</i>	<i>H.C.S.</i>	<i>TOTAL</i>
January	533	252	15	13,445	14,245	67	459	14,771
February	477	187	11	12,786	13,461	39	419	13,919
March	538	202	15	13,839	14,594	74	538	15,206
April	537	199	22	11,797	12,555	49	373	12,977
May	601	226	25	14,007	14,859	50	489	15,398
June	636	205	4	12,267	13,112	47	416	13,575
July	647	193	16	13,299	14,155	62	495	14,712
August	636	192	10	12,631	13,469	43	434	13,946
September	614	209	9	12,386	13,218	84	432	13,734
October	647	186	17	14,584	15,434	73	487	15,994
November	621	176	17	13,595	14,409	83	416	14,908
December	661	241	9	10,815	11,726	72	311	12,109
TOTALS	7,148	2,468	170	155,451	165,237	743	5,269	171,249

Table 2 shows the mileage run by vehicles of the Ambulance Service together with that of the supplementary services. It indicates that despite an increase of over 7,000 patients the increased distance travelled was in the nature of approximately 4,000 miles, which gave an overall miles per patient figures of 4.74 compared with 4.95 in 1961.

Table 2

	<i>BRISTOL AMBULANCE SERVICE</i>			<i>Supplementary Services</i>		<i>GRAND</i>
<i>1962</i>	<i>Ambulance</i>	<i>D/P Vehicles</i>	<i>Totals</i>	<i>Taxis</i>	<i>H.C.S.</i>	<i>TOTAL</i>
January	44,900	22,745	67,645	334	2,383	70,362
February	40,035	21,753	61,788	220	2,278	64,286
March	43,437	24,095	67,532	502	2,927	70,961
April	39,045	22,092	61,137	306	2,040	63,483
May	45,062	25,157	70,219	284	2,722	73,225
June	40,215	22,102	62,317	442	2,435	65,194
July	43,025	23,669	66,694	426	3,056	70,176
August	38,819	23,879	62,698	328	2,675	65,701
September	39,194	21,750	60,944	462	2,439	63,845
October	43,870	25,323	69,193	472	2,755	72,420
November	42,565	23,208	65,773	474	2,233	68,480
December	39,352	18,155	57,507	512	1,838	59,857
TOTALS	499,519	273,928	773,447	4,762	29,781	807,990

Statistical evidence gave rise to the possibility of reducing the night cover from midnight to seven in the morning, and the utilization of men and vehicles saved by this proposal on a day shift where the need was greatest. After protracted negotiations between the men, union and members of the Committee it was agreed to incorporate the proposals in a new rota system which would commence in November and continue on a trial basis for a period of six months, at the end of which time the whole situation concerning vehicles, ambulance personnel and the number of patients carried would again be the subject of review by the Medical Officer of Health and the Committee.

As an outcome of these negotiations it was agreed that there should be meetings between men and management at two monthly intervals, and any matter relevant to the day to day working raised, discussed and minuted; copies of the minutes to be circulated to all ambulance stations and control so that every member of the service would be aware of the matters raised on their behalf.

Several meetings with officers of the adjoining authorities of Somerset and Gloucestershire Counties, and Bath County Borough were held in an endeavour to ensure that full use was made of all available vehicles coming into or leaving the Bristol area. It was also possible to meet members of Hospital Management Committees and of the Board of Governors of the Teaching Hospital in an attempt to ascertain future demands on the service and generally to obtain co-operation in an endeavour to ensure that all was being done that could be done to assist the Ambulance Service to cope with the heavy demands made upon it by the hospitals in the City.

During the year orders were placed for five new ambulances and five sitting case vehicles. The ambulances were to be equipped not only with an air suspension unit but also a special fitment whereby on opening the rear doors a valve was automatically operated, causing air to be released from the suspension air reservoirs and thereby lowering the floor level of the vehicle a further three to four inches. By this means a very low loading level was obtained which materially assisted the crews operating such vehicles in the course of their day to day work.

One of the sitting case vehicles was equipped with a mechanical rear loading device which was to be used for experimental purposes in the conveyance of wheel chair cases and assisting those patients who found it difficult to mount the steps of a normal type of sitting case vehicle or ambulance.

The project to provide a new control ambulance station was actively pursued throughout the year and it was ultimately possible to obtain Ministry approval to the plans and for the necessary arrangements to be made by the Committees concerned for work to be started in September, 1963.

A team was again entered for the competition organised by the National Association of Ambulance Officers and on this occasion Bristol won the Regional competition and went forward to the National Final held at Moreton-in-Marsh. This was the first occasion on which a team from this authority had reached the final competition and the team members did a good job in being placed fifth out of eight teams who were competing in the final stage.

For various reasons it was not possible to do much in the direction of in-service training. It was possible however to hold two talks accompanied by a film show on Driving Skill which were given by a Superintendent of the Bristol Constabulary.

The service is again indebted to the efforts of the Transport and Cleansing Officer and his staff in the servicing and maintenance of the vehicles of the ambulance fleet. Their efforts were also much appreciated in the arctic conditions which descended upon the City in the last week of the year.

Good relationship was again maintained with our friends in the Women's Voluntary Services and the British Railways. The Avonmouth Docks Ambulance rendered invaluable assistance in many ways and maintained the good reputation of the service in the Avonmouth Dock area.

Generally speaking the year was a hard one and tough in many ways. It was however a year in which a considerable amount of work was done and many difficulties overcome.

ENVIRONMENTAL HEALTH SERVICES

F. J. Redstone, F.R.S.H., F.A.P.H.I.
(*Chief Public Health Inspector*)

ENVIRONMENTAL HEALTH SERVICES

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ENVIRONMENTAL HEALTH SERVICES

F. J. Redstone, F.R.S.H., F.A.P.H.I.
(*Chief Public Health Inspector*)

The preparation of an Annual Report enables one to take an overall look at the progress made by the Environmental Health Services during the year but it is also a useful exercise to take stock of those matters which will demand increased attention.

New legislation in recent years has increased the Department's responsibilities in connection with many matters associated with conditions in factories and workplaces, the condition of the air we breathe and many new or amended powers have been placed on the Statute Book for the safeguarding and sampling of food supplies.

A more recent addition to the legislature provides power to deal with conditions in houses of multiple occupation and it is quite clear that the action to be taken in this respect will prove to be one of the most difficult aspects of the housing scene waiting to be tackled. Many of the properties used in this way exhibit a wide lack of facilities and much disrepair and it is obvious that a real and sustained attempt must be made to improve the housing circumstances of those families destined to live in them.

Another matter which has received a great deal of attention in Parliament is that of conditions in offices and it is apparent from present proposals that the improvements envisaged will call for much thought and attention from the Health Departments of this country.

Whilst the multiplicity of environmental matters dealt with by the Health Committee creates great interest in that there is never a dull moment, it has to be admitted that careful priority must be arranged in regard to inspectorial time; for instance in Bristol we have for some years secured 100 per cent inspection of all carcasses and organs of animals slaughtered for human consumption. This, together with a meat marking scheme and the inspection of meat imported into the City, continues to safeguard the meat supplied to the general public.

During the year the Health Committee gave almost continuous attention to the provision of additional slaughtering facilities by proposals to extend the Public Abattoir. The adoption of the line system of slaughter was included in this planning and during November members of the Health Committee and the officers concerned made a visit to large slaughtering premises in Ireland where this method is used.

It is quite clear that the line system of slaughter is very flexible in operation and expedites the throughput at the same time eliminating many of the back-aching operations previously carried out by slaughtermen.

As the year ends numerous problems beset the Health Committee in connection with the overall level of slaughtering facilities for the City and it is hoped that finality will be reached during 1963 for an adequate scheme which will satisfy slaughtering requirements for some time.

It is with pleasure that one records the co-operation which has been established between the Bristol Health Committee and the Agricultural Research Council who are to be granted facilities at the Public Abattoir for meat research. There is no doubt that this development is in the best interests of the agricultural community, the meat traders and the general public.

Progress was made toward the adoption of new Byelaws for the control of offensive trades within the City and following consultation with the trade interests concerned it is hoped that Ministry approval will soon be received. The premises involved will then be measured against the requirements and so maintained as to avoid conditions which lead to complaints. A matter which gave cause for great concern in one area of the City was the establishment of a factory for the reclamation of broiler chicken feathers. These feathers were collected and treated at premises which lacked proper drainage and the methods employed gave rise to many complaints because of the emission of foul odours. It is pleasing to record that after a period of operation the process was discontinued, much to the relief of residents in the immediate vicinity of the premises.

The severe weather and icing conditions in January once again tested the assistance given to the general public by the Disinfecting Station facilities and many occupiers were assisted with drying of carpets and other furnishings damaged by water as a result of leaking roofs, burst pipes, etc. The people who received this help expressed appreciation for the ready assistance given to them in their difficulties and the Health Committee extended these facilities by approving a scheme for the provision of Calor gas drying equipment and racks at the Disinfecting Station.

Calor gas burners are also being provided for the destruction of animal carcasses in cases of foot and mouth disease, anthrax and so on, replacing paraffin burners which have been in use for many years.

Further progress was made toward the establishment of a cleaner atmosphere by bringing into operation the No. 6 Smoke Control Area in the High-ridge, Bedminster Down area and a decision was made by the Council to proceed with the No. 7 Area at Stoke Bishop during 1963. It is not generally known that a considerable amount of work is also carried out in connection with other provisions of the Clean Air Act and this includes recommendations as to the heights of chimneys for new and extended boiler installations. Many complaints have been received about emissions from an oil fired plant with a low stack erected before 1956 and discussions have been held with the management with a view to extending this stack to bring about a better dispersal of combustion products. Tall stacks may meet with objections on aesthetic grounds but it is now recognised that increased good health and the avoidance of complaints must influence decisions in these cases. The only known ways of eliminating sulphur oxides from flue gases have proved uneconomical and the Ministry of Housing and Local Government have expressed the view that under certain conditions and in present circumstances tall stacks are to be recommended as the only reasonable answer.

Special attention was given to the reduction of noise about which complaints were received and a considerable measure of satisfaction was secured for those who were being continually assailed by instant clamour. We have learned much about the insulation of houses and public buildings to avoid sound conduction and considerable sums are now being spent to make offices, factories and other premises as sound-proof as possible.

Noise from factories can be reduced by the proper mounting of machines, barriers may be erected, and sound absorption material used. The maintenance of machines is important in this connection of course, as old apparatus becomes very noisy and may set up vibrations which are transmitted to adjoining properties. It is now appreciated that the influence of noise on public health

is a matter which cannot be ignored but it is obvious that more attention given to prevention will avoid the need for expensive noise reduction techniques at a later stage.

For some ten years I have drawn attention at conferences and elsewhere to the need for more research into the effects on the human body of chemicals added at the seed stage through the growing crops to treatment at mills and in food manufacturies. There is no doubt that much time and thought is given to the effects of this threatment on the shelf life of the product and attractability to the purchaser by the use of colouring matters and so on, but indicative of the growing concern is the fact that during December last the B.B.C. television put out a discussion under the title "A Suspicion of Poison". Medical experts and other research workers took part in this programme and the point was clearly made that more research is essential. Local authorities have responsibilities in connection with this matter under the *Food and Drugs Act* but lack of knowledge as to the effects of certain food additives does not encourage the action which may be necessary to safeguard public health.

The increase in the number of vending machines placed at various sites in the City again received attention. Many samples of milk and other food products offered for sale were submitted for analysis and the Health Committee requested that inspections as to the fitness of food purveyed by these machines and their hygienic control should proceed as a routine measure.

For some years now the Health Committee have operated a scheme for the training of young men as Public Health Inspectors. That this is wise is shown by the fact that some 65 per cent of the present inspectorial staff are Bristol-trained and vacancies are continually being filled as these trainees obtain their qualifications. The new government sponsored training scheme is spread over a period of four years with time spent at the Technical College and in practical work with the local authorities. The scheme has been so successful in Bristol that the Health Committee decided to increase the complement of trainees from six to ten and as the year ended the four additional trainees were appointed and commenced their duties.

The following examination successes were recorded during the year:—

Certificate for Inspectors of Meat and other Foods—

Royal Society of Health:—

Messrs M. Dimambro and N. Jacobs.

Intermediate Diploma Municipal Administration:—

Mr. K. B. Jayne.

Local Government Clerical Examination:—

Misses S. L. Cullen and D. M. Hodges.

This opening to my report would not be complete without thanks to all the staff for their excellent work during the year much of which has been done outside normal office hours. This is particularly so in connection with meat inspection duties, port health work, flooding emergencies, food poisoning enquiries and food sampling, and special visits under the *Shops Acts*. Appreciation is also expressed to the clerical staff for their most helpful co-operation and to those who have in any way contributed to this report.

PUBLIC HEALTH INSPECTIONS **Sanitation, Housing, Shops Acts, etc.**

1961			1962		
Visits	Re-visits	Total	Visits	Re-visits	Total
—	—	4,479	—	—	4,235
3,743	10,906	14,649	3,866	10,993	14,859
3	4	7	4	26	30
2	2	4	3	11	14
87	222	309	58	287	345
1,053	2,128	3,181	894	1,703	2,597
159	388	574	149	316	465
25	67	92	23	77	100
208	439	674	49	104	153
—	—	—	106	227	333
42	65	107	48	36	84
496	691	1,187	418	511	929
25	31	56	46	36	82
13	38	51	6	44	50
18	62	80	22	60	82
34	69	103	16	46	62
18	50	68	34	75	109
59	54	113	70	156	226
558	207	795	244	132	376
99	326	425	393	346	739
40	68	108	129	414	543
659	1,391	2,050	697	1,430	2,127
—	—	—	24	27	51
87	738	825	86	738	824
1,053	1,040	2,093	2,696	1,795	4,491
—	—	—	1	—	1
—	—	—	7	—	7

In- tima Statu- Compliance tion tory I S				In- tima Statu- Compliance tion tory I S			
334	323	243	204	313	259	262	135
—	—	—	—	2	—	—	—
—	—	—	—	—	—	—	—
4	—	2	—	13	1	5	—
46	2	42	—	46	7	40	15
20	4	11	3	13	7	17	6
1	—	1	—	2	—	6	—
8	—	10	—	3	—	—	—
—	—	—	—	9	—	9	6
—	—	—	—	—	—	4	—
—	—	—	—	20	3	18	7
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
2	—	2	—	—	—	1	1
1	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	1	1	1	1	—
13	—	4	—	5	27	4	—
—	1	—	—	—	388	—	—
2	—	3	1	—	—	3	2

Sanitation, Housing, Shops Acts, etc. — Remedial Action

1961

1962

Drainage Works:—							
36	New drains laid	...	...	...	...	...	37
196	Drains repaired	...	...	...	...	...	169
863	Choked drains cleared	...	...	...	...	...	989
137	Tests made	...	...	...	...	...	110
Sanitary Conveniences:—							
7	Flushing appliances introduced	...	...	...	...	...	8
5	Additional closets fitted	...	...	...	...	...	—
—	Separate closets for sexes provided	...	...	...	...	...	2
26	New pans fitted	...	...	...	...	...	25
4	Action re bathroom and geyser vent	...	...	...	...	...	2
4	Urinals fitted	...	...	...	...	...	3
—	W.C.s installed	...	...	...	...	...	31
138	Other works	...	...	...	...	...	122
11	Intervening vent space provided	...	...	...	...	...	10
—	Cesspools abolished	...	...	...	...	...	1
Water Supplies:—							
3	New and additional installations	...	...	...	...	...	1
24	Hot water installed	...	...	...	...	...	19
—	Wells closed	...	...	...	...	...	—
Other Sanitary Fittings:—							
10	New sinks fitted	...	...	...	...	...	7
—	Additional sinks fitted	...	...	...	...	...	—
13	Wash basins provided	...	...	...	...	...	11
Other Works:—							
272	Roofs repaired	...	...	...	...	...	179
227	Dampness remedied	...	...	...	...	...	143
492	Other new and repair works	...	...	...	...	...	462
4	Yards paved and drained	...	...	...	...	...	4
28	Houses cleansed—dirty	...	...	...	...	...	33
87	—verminous	...	...	...	...	...	15
—	Food store installed	...	...	...	...	...	—
—	Cooking facilities provided	...	...	...	...	...	—
11	Lighting improved	...	...	...	...	...	14
11	Ventilation improved	...	...	...	...	...	8
—	Meal rooms provided	...	...	...	...	...	—
8	Heating provided	...	...	...	...	...	11
1	Exhumations	...	...	...	...	...	1
Keeping of Animals:—							
—	Removal of manure	...	...	...	...	...	—
—	Provision of manure receptacles	...	...	...	...	...	—
—	Drainage provided	...	...	...	...	...	—
Aged and Infirm Persons:—							
1	Removals—voluntary	...	...	...	...	...	1
4	Court Order	...	...	...	...	...	3
Smoke Observations:—							
20	Infringements—dealt with	...	...	...	...	...	26
Noise Nuisances:—							
32	Dealt with	...	...	...	...	...	22
Other Nuisances:—							
367	Dealt with	...	...	...	...	...	460
Food Hygiene Regulations 1960:—							
83	Dirty walls: equipment cleansed	...	...	...	...	...	57
	Personal requirements	...	...	...	...	...	19
	Washing facilities	...	...	...	...	...	6
	Sanitary conveniences	...	...	...	...	...	21
	Lack of first aid kit	...	...	...	...	...	16
	Other matters	...	...	...	...	...	57

FACTORIES ACT 1961

Prescribed particulars on the administration of the *Factories Act, 1961*, Part I of the Act.

Inspections for the purposes of provisions as to Health (including inspections made by Public Health Inspectors).

Inspection of Factories

	<i>Number on Register</i>	<i>Initial Inspections and Re-visits</i>	<i>Number of Written Notices</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	119	70	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	1,370	845	21
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	59	333	9
Total ...	1,548	1,248	30

Cases in which Defects were found

	<i>No. of cases in which defects were :—</i>				<i>No. of cases in which prosecu- tions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. by H.M. Inspector Inspector</i>		
Want of cleanliness (S.1) ...	16	21	—	8	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	2	1	—	2	—
Intervening vent space provided ...	7	7	—	4	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):—					
(a) Insufficient ...	12	16	—	1	—
(b) Unsuitable or defective ...	11	10	—	4	—
(c) Not separate for sexes ...	1	2	—	1	—
(d) Absence of artificial light/ inadequate lighting ...	7	9	—	—	—
Other works ...	3	11	—	—	—
Total ...	59	78	—	20	—

Factories Acts, 1937 to 1961

(OUTWORK) (Sections 110 and 111)

Nature of Work	Section 110				Section 111	
	No. of Outworkers in August list required by Section 110(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
(1)						
Wearing apparel—						
Making etc., Cleaning and Washing
Shoes
Household linen
Wire embroidery
Lace, lace curtains and nets
Gloves
Curtains and furniture hangings
Embroidery
Furniture and upholstery
Electro-plate
File making
Brass and brass articles
Fur pulling
Iron and steel cables and chains
Iron and steel anchors and grapnels
Cart gear
Locks, latches and keys
Umbrellas, etc.
Artificial flowers
Nets, other than wire nets
Tents
Sacks
Raquet and tennis balls
Paper bags
The making of boxes or other receptacles or parts thereof made wholly or partially of paper
Brush making
Pea picking
Feather sorting
Carding, etc. of buttons, etc.
Stuffed toys
Basket making
Chocolates and sweetmeats
Cosaques, Christmas stockings, etc.
Textile
Lampshades
TOTAL	6	—	—	—	—	—

WATER REPORT, 1962

8 C

	<i>Food & Drugs Section</i>	<i>Bristol Waterworks Company</i>	<i>City Analyst</i>
1. Whether the supply of the area and its several parts has been satisfactory in (a) quality, (b) quantity.	Yes	Yes	Yes
2. Where there is a piped supply whether bacteriological examinations were made of the raw water, and, where treatment is installed, of the water going into supply; if so, how many and the results obtained; the results of any chemical analysis.		Raw waters examined bacteriologically before and after treatment by Bristol Waterworks Co. Treated water in City sampled daily. Weekly samples are taken of both raw and treated waters at Barrow, Chelvey and Stowey. After treatment found satisfactory.	
3. Where the waters are liable to have plumbo-solvent action the facts as to contamination by lead, including precautions taken and number and result of analysis.			Water is not liable to lead contamination and this is confirmed by regular analyses of all City supplies.
4. Action in respect of any form of contamination.	On finding any trace of faecal contamination the matter is taken up with the appropriate authority immediately, when further samples are taken until satisfactory results are obtained.	Contamination after treatment has been found negligible.	
5. Particulars of the proportion of dwelling houses and the proportion of the population supplied from public water mains (a) direct to houses (b) by means of a standpipe.	<p>(a) the whole of the population in the Bristol Area is supplied by public water mains direct to houses with the exception of a few isolated premises in the rural suburbs where the supply is from private wells and subject to a form of chlorination. These are gradually being reduced as mains supply is laid on.</p> <p>(b) Negligible.</p>		

HOUSING

Housing progress during 1962 has been steady rather than spectacular, the Council maintaining their policy of "acquisition by agreement" rather than making Clearance Orders or Compulsory Purchase Orders.

Indeed, clearance action to some extent has been overshadowed by the problems and difficulties of houses in multi-occupation, these twin problems emphasising once again that we have a long way to go before our housing difficulties are solved.

Clearance Action

The survey of areas in which many houses are known to be sub-standard continues and final results almost invariably show a pattern which has been emerging in such work for the last year or two. The number of houses which are classified as unfit seldom rises above 50 per cent of the total surveyed but, at the same time, these by reason of character and general construction, must be said to be best dealt with by demolition. Many of the houses classified as "not unfit" are sub-standard but so classified rather by reason of an inability to demonstrate inherent defects than by their absence.

The problems presented by such circumstances are considerable and it has been found useful to present the results of surveys in the field to the Housing Committee in report form. The decision to acquire all the houses in some such areas by informal means, with the intention of preserving for a period some whilst demolishing others, has much to commend it. The acceptance by the Council that the areas have outlived their useful span of life in some measure discourages owners, especially owner/occupiers, from sinking considerable sums of money into worn out premises but at the same time enables houses to be occupied for as long as tolerable conditions can be reasonably maintained. Not the least advantage is the protection given to the owner of the "not unfit" house in that no longer must he remain in a dying area, to watch his home disintegrate as a result of nearby demolitions.

Closing Orders

The permissive power to make Closing Orders instead of Demolition Orders given to a Local Authority under Section 17, *Housing Act 1957* was, in the main, welcomed as a means of avoiding many difficulties experienced when demolishing one of a group of properties.

As time passes an increasing number of Closing Orders are being made, indeed they now greatly outnumber Demolition Orders. Some such houses are subsequently purchased by the Corporation and repaired and improved, or boarded up pending demolition, if in an area scheduled for future redevelopment. Some houses are repaired when vacant by the owners and sold, whilst others are sold to agents who specialise in the purchase and resale of this kind of property. A market is fast growing for houses subject to Closing Orders, indeed frequently Local Authorities are asked by owners to make such orders for the purpose of securing possession of rent controlled houses which they can then sell.

One such house was recently sold with vacant possession to an agent who immediately resold it to an elderly lady who wished to provide a home for her married daughter. Not knowing what a Closing Order meant the purchaser completed the sale before the Local Authority was approached, and, notwithstanding the advice given, minimum repairs were executed and the house occupied.

Action by the Council for illegal occupation against the owner (for permitting) and the tenant (for occupying) followed under Section 27 (1) of the *Housing Act, 1957* and the Court finding the case proved discharged the defendants unconditionally.

Under the terms of Section 12, *Criminal Justices Act 1948* and unconditional discharge is not deemed to be a conviction for the purposes of Section 27 (1) so the Local Authority was precluded from applying to the Courts for a daily penalty if the illegal occupation continued, as it did in this case. A fresh application to the Courts for illegal occupation had therefore to be made and fines of £10 were imposed on both the owner and tenant.

The tenant left the house immediately whereupon the owner took up possession. Whereas the owner had previously been proceeded against "for permitting" proceedings had now to be instituted against her for "occupying" and again the Courts imposed a fine of £10.

It was necessary, therefore, to make three applications to the Court before the house ceased to be occupied. It could happen again.

Rent Act 1957

"Does the responsibility for internal decorative repairs, which are the responsibility of the tenant, include decorations rendered necessary by the act or default of the owner?"

This interesting point was raised in the Registrar's Court as a result of an application by the owner that items of decoration for which the tenant was responsible had been wrongly included in a certificate of disrepair.

The tenant had applied to the Local Authority for a certificate of disrepair and, whilst admitting that internal decorations were his responsibility, included items of ceiling decorations which had been spoiled by a leaking roof. Against the general advice of the Local Authority the tenant persisted in his attitude that decorative repairs of this special nature were the owner's responsibility, and eventually a certificate of disrepair was issued and included this item.

All the works of repair listed in the certificate except the decorations, were eventually carried out and the owner applied to the Court for the remaining item of decoration to be deleted.

Both parties were legally represented and the point was fully argued, the Court deciding that within the terms of the *Rent Act 1957*, it has no jurisdiction to decide the question of damage which was one for a Civil action.

The Court found for the appellant owner with costs and the item was deleted from the Certificate.

Landlord and Tenant Act 1962

Each year brings with it some form of new legislation and 1962 was no exception.

The *Landlord and Tenant Act 1962*, places new responsibilities on the Public Health Inspector whose intimate contact with the public makes him the officer best equipped to carry out this work.

The Act which came into force in November, 1962, is described as an Act to require the giving of information by landlords to tenants who pay a weekly rent, and consolidates, amends and extends existing legislation. No longer is it necessary for the name and address of the Medical Officer of Health to appear in the rent book, because Section 8 of the *Housing Act 1957* is repealed.

The Act is designed to protect the tenant; the power to prosecute is vested in the Local Authority who are urged in Circular 59/62 to prosecute in appropriate cases without hesitation. The importance of the Act in the eyes of the legislature is reflected in the fines which can be imposed—up to £50 for a first conviction and up to £100 for a subsequent one.

The Local Authority, however, can only successfully carry out their responsibility with the full co-operation of the tenant, for whilst the Act by implication, permits an officer to ask to see the Rent Book there is no power which enables him to demand to see it. If the tenant refuses to co-operate the Local Authority is powerless.

Tenants would of course be material witnesses in any Court proceedings, yet cases have already been recorded of tenants failing to attend hearings, perhaps because they fear a subsequent notice to quit. There is also evidence that landlords are resisting the new Act, particularly in the case of post-1957 tenancies; possibly they consider the provision of a rent book would provide a new avenue by which Local Authorities can obtain information respecting excessive rents.

Bearing in mind that Section 16, *Rent Act 1957* requires at least four weeks notice to be given to terminate a tenancy and the limitation of the *Landlord and Tenant Act* to weekly tenancies, it can be anticipated that there will be a rapid decline in the number of weekly tenancies created.

Houses let in Lodgings

The problem of multi-occupied houses has always been with us and considered against the background of improving housing standards and social conditions generally, may be said to be a growing problem rather than a diminishing one.

It is a problem of property and people—for in no field of housing does the human problem play so great a part.

The *Housing Act 1961* is the most recent attempt by the legislature to provide Local Authorities with the 'tools' to do the job, and it is notable for it introduces for the first time the concept of 'management', and accepts the principle that, in this modern day and age even houses in multi-occupation should be provided with the means of artificial lighting, space heating and personal washing facilities as additions to the basic facilities.

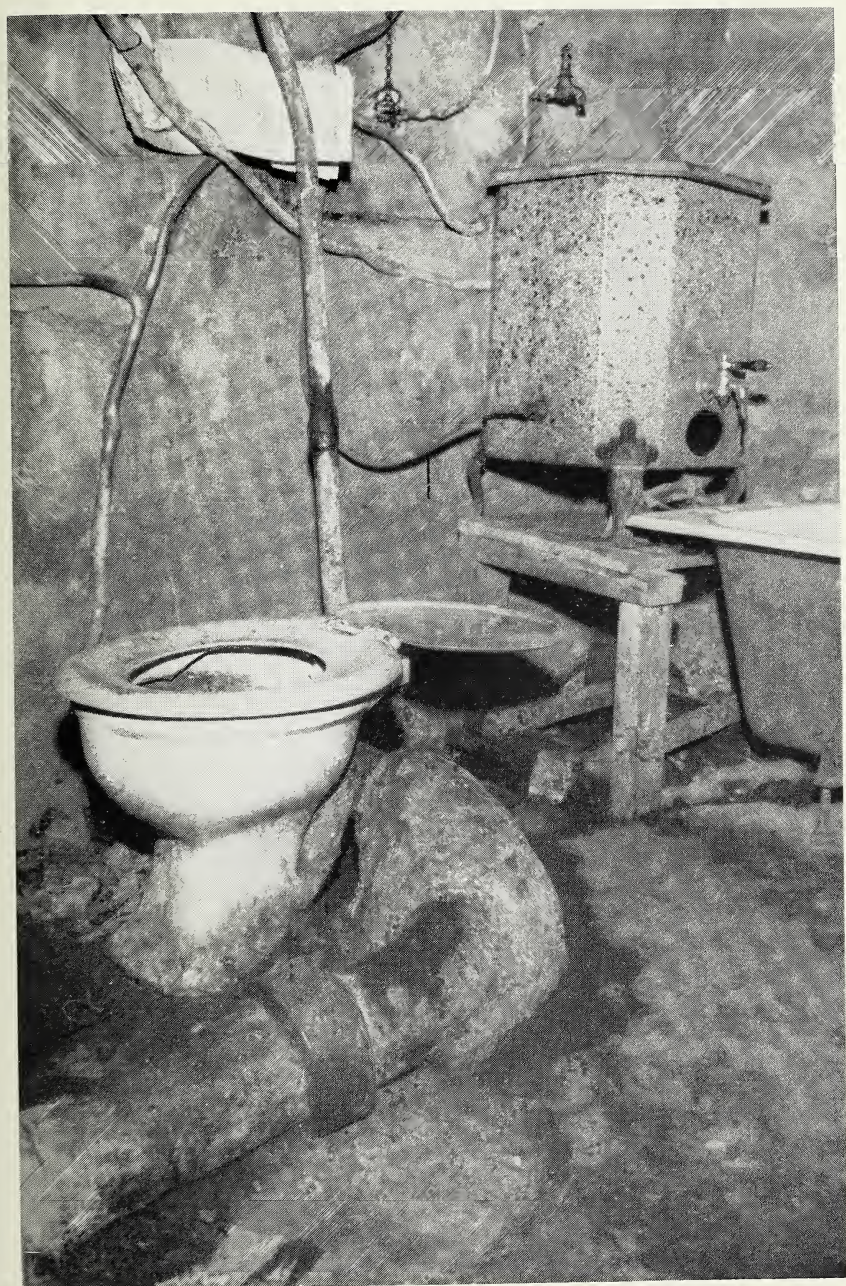
It is generally accepted that so many variables are met with in practice—the people and the property—that rigid standards could never be successfully applied. Rather must a code of practice be designed, flexible in its application and as simple and 'uncomplicated' as possible.

It is upon the matter of a code of practice that the attention of the Department has been engaged during 1962. Discussions have taken place at Departmental and Committee levels and the difficulties of achieving a satisfactory working arrangement should not be minimised. Not the smallest problem is the provision of alternative accommodation for families displaced when improving conditions for other families in these premises. It is agreed, however, solutions must and will be found and the living conditions of these people who go by the name of 'lodgers' will be improved.

Houses demolished

The following table shows progress during the period 1955 - 1961 towards the total of 10,000 houses. Some 6,237 houses have so far been dealt with:

		1955 from 5th May	1956	1957	1958	1959	1960	1961	1962
Houses in Clearance Areas and already covered by operative Clearance Orders or Compulsory Purchase Orders.	Pre-war 138	26	11	28	8	23	17	12	2
	Post-war up to 5.5.55 73 } 211	—	65	3	4	—	—	—	—
Houses already in Clearance Areas and for which Clearance Orders or Compulsory Purchase Orders have been submitted to the Minister, but have not yet become operative.									
	Post-war up to 5.5.55 56	—	18	6	7	23	2	—	—
Number of houses subject to operative Demolition Orders.	Prewar and post-war up to 5.5.55 } 238	—	—	115	42	35	9	11	6
	Total demolished	26	94	152	61	81	28	23	8
Houses represented—Clearance Areas		537	1215	1191	371	143	135	412	261
Demolition Orders made		44	32	21	8	23	29	6	4
Certificates of Unfitness—Houses owned by Corporation		—	51	139	118	68	84	106	34
Undertakings given by owners to demolish		—	14	14	16	9	61	27	20
Unfit houses voluntarily demolished by Corporation and others ...		—	97	36	45	20	31	37	44
Reported to Committee as unfit ...		—	—	—	—	—	—	—	211
Grand Totals		607	1503	1603	619	344	368	611	582



“Do it yourself” as applied to a house let in Lodgings



A typical fibro-papilloma found in the stomach wall of a steer
slaughtered in Bristol

Houses and Sanitation

1961

1962

Houses inspected :—		
—	Section 9	—
160	Section 16	75
53	Section 18	41
94	Clearance Area	261
7,255	Visits for improvement grants (Clearance area inspections) estimated life and other matters	5,515
	Reported to Committee as unfit	211
Represented to Committee :—		
—	Section 9	—
160	Section 16	75
53	Section 18	41
412	Clearance Area	261
	Reported to Committee as unfit	211
Orders made :—		
5	Demolition Order—(Section 17, <i>Housing Act, 1957</i>) ...	2
134	Closing Orders—Whole House (Section 17, <i>Housing Act, 1957</i>)	74
2	Closing Orders—Whole House (Section 17 SS. 3, <i>Housing Act, 1957</i>)	—
50	Closing Order—Underground Rooms and parts of buildings (Section 18, <i>Housing Act, 1957</i>) ...	38
1	Demolition Order substituted for a Closing Order—(Section 28, <i>Housing Act, 1957</i>)	2
—	Undertakings to repair accepted—(Section 16, <i>Housing Act, 1957</i>)	—
7	Undertakings not to use—(Section 16, <i>Housing Act, 1957</i>)	4
27	Undertakings to demolish— <i>Housing Act, 1957</i> ...	20
Houses repaired :—		
—	Section 9—informal	—
—	Section 9—formal	—
—	Section 9—formal by Corporation in default	—
—	Undertakings to repair	—
3	Undertakings not to use, cancelled after repair ...	5
2	Other repairs	2
55	Closing Orders determined after repair	65
8	Certificates of Disrepair	10
5	Revocation of Certificates of Disrepair	7
—	Refusal of Certificates of Disrepair	1
	Undertakings given by landlords for Certificates as to remedying of defects	1

Repairs to Property in Owner's Default

At the commencement of the year, six cases were awaiting completion of work or submission of accounts by the Corporation's contractor. A further nine cases (including two cases under the *Clean Air Act, 1956*) were referred to the Defaults Officer for consideration, as a result of which eleven orders were placed with contractors.

During the year accounts totalling £254 17s. 11d. were passed for payment.

At the end of the year one case was still pending, one case where the Corporation's contractor's work was still outstanding, and one case where the contractor's accounts had not been completed.

Work by Agreement with Owners

One case referred to the Defaults Officer became the subject of an Agreement with the owner. Orders were placed with the Corporation's contractor and accounts totalling £74 10s. 0d. are awaiting approval.

ATMOSPHERIC POLLUTION

Smoke Control

September 1962 marked the coming into operation of the Bristol No. 6 Smoke Control Order. This order covers some 3,000 acres on the south side of the City and affects some 10,831 premises, including 7,000 Council dwellings. This Smoke Control Area was surveyed 2 years ago and with the extension of Council and private housing schemes, since that time, it must be one of the largest in the country.

The sale of pre-packed fuel has increased considerably and there is now a tendency, even under normal conditions for people to buy fuel in small quantities, almost from day to day. Some householders find it impossible to set aside the necessary cash for a large fuel order and do not realise that many merchants have easy payment terms for the larger quantities. Complaints are often received from critics of smoke control who unfairly compare the cost of buying smokeless fuel pre-packed with the price paid for house-coal which had been previously obtained by the hundredweight or by the ton. Investigations into contraventions of the Order have revealed a few instances where confusion has arisen over the description of pre-packed house-coal. Referred to as a clean coal, some people received the impression that this ascribed to the smokeless nature of the fuel although it must have been obvious when burnt that this was not the case.

It must be recorded with appreciation that the coal trade has co-operated well in dissuading would-be purchasers of house-coal, by reminding them of their responsibilities in a smoke control area. However it is all too easy to step outside the area and wittingly or unwittingly purchase a bag of smoky fuel.

The City Council on the 11th December, declared No. 7 Smoke Control Order to cover 1,580 acres in the North-west, involving 3,633 premises in Stoke Bishop and part of Westbury-on-Trym. Much of the area had already been surveyed but the revised procedure as set out in the Ministry Circular 3/62, dispensed with the need for a house to house inspection where this had not been completed. The Council proposed that this latest order should come into operation on 1st October, 1963, subject to confirmation by the Minister.

It has been the policy in the early stages of the Smoke Control programme to select areas on the windward side of the City. That is, to the west of the town but considering the prolonged spell of easterly winds early in the year and again the severe weather at the time of compiling this report, perhaps so much importance should not be attached to the direction of the prevailing South-west winds. The density of housing in these districts is less than in many parts of the City and the level of atmospheric pollution may quite understandably be lower at times.

Whether expenditure is incurred in controlling smoke in a large, less dense area or a small compact district, the achieved reduction of smoke and dirt over the City as a whole would be the same.

At the beginning of the year, local authorities in 'black areas' were requested to prepare programmes for smoke control for the ensuing five years and to consider a target date for completion of these programmes. Bristol considered it practical to achieve a smoke-free atmosphere by 1975 and the streamlined procedure for submission of details for private properties when an order is sent for confirmation will make the task far easier. Nevertheless a survey of Council houses is called for which prolongs the period from the initial discussions of a new order to the date of its operation.

An increasing proportion of the Public Health Inspectors' work has been in this sphere as indicated by a total of 4,491 visits for the year. The large number of notices served under Section 12 of the *Clean Air Act* was necessary to ensure that householders were not deprived of grant aid. This would otherwise have occurred in cases where applications were received late or where the applicant, having previously received approval for certain expenditure, had not put the necessary adaptations in hand before the operative date, but still intended to proceed with the work.

The Minister of Housing and Local Government has ruled that aid is not available to provide additional fuel storage in Smoke Control Areas, but this is a situation which calls for further consideration; some dwellings, erected before the last war, have storage capacity for seven hundredweights of coal, which is capable of holding only 3 - 4 hundredweights of coke.

In order that advantage may be taken of the reduced summer prices and to provide a margin of safety in times of difficulty in distribution, it is clear that householders require much more space than is often available. It is rarely easy to provide additional covered storage space cheaply and it is not unreasonable for occupants of premises in Smoke Control Areas to look to the Central or Local Government to assist in its provision.

Smoke Control Orders Declared

<i>Smoke Control Order</i>	<i>Operative Date</i>	<i>No. of Premises</i>	<i>No. of Dwellings</i>	<i>Acreage</i>
1	1-10-59	1,510	315	220
2	1- 9-61	238	113	50
3	1- 9-61	1,077	438	100
4	1- 9-61	767	632	100
5	1- 9-61	48	27	15
6	1- 9-62	10,831	10,625	3,000
7	1-10-63	3,633	3,523	1,580
(Subject to confirmation)				
		<hr/> 18,104	<hr/> 15,673	<hr/> 5,065

There are 149,000 premises in the City, which has a total acreage of 26,345.

It is not surprising that persons who have been accustomed to burning bituminous coal all their lives show some reservation towards the use of a smokeless fuel and may seem to be prejudiced against carbonised fuels. Prejudices may arise from experience gained when burning gas coke in unsuitable conditions and some people are even loathe to give it a trial on an appliance specifically designed to give satisfactory results.

Complaints of the inability to burn smokeless fuel, either on health grounds or for any other reason, have been comparatively few. When necessary the Deputy Medical Officer of Health has visited in connection with the medical aspect of the problem, and a public health inspector has investigated the performance and fitting of the appliance.

The initial survey in the No. 6 area revealed a number of householders who burn coke on a basket or fret, apparently quite satisfactorily, and the reason given was that any smoke emission into the room from a coal fire could not be tolerated because of chronic chest complaints.

It is always gratifying to receive letters in praise of newly tried smokeless fuel. The letter from an elderly widow is recalled, who living on her own, burns coke on an old cast iron grate. She was so pleased that she could now do limited cooking on the fire—with a saving on her gas bill. Smoke from a coal fire had not permitted her to cook on it previously and this lady stated she wished she had been burning coke since she was married some fifty years ago !

Bristol has had a relatively good supply of a wide range of smokeless fuels which affords the householder an opportunity to select an alternative fuel to coke when so desired.

On occasion, when investigating complaints in Smoke Control Areas, other factors have to be borne in mind. A council tenant stated that she was not able to burn any of the smokeless fuels including a low volatile coal and a visit was made in the first instance by a medical officer. Electricity was being used for heating at the time but on a subsequent visit this lady was burning coke, alleged to have been borrowed from a neighbour. The tenant had in fact been pressing for a change of accommodation to a flat with central heating.

New Chimneys

In accordance with the local authority's obligations under Section 10 of the *Clean Air Act* consideration was given to 49 proposed chimneys. The heights of fifteen were found to be insufficient for the proper dispersal of the products of combustion. The proportion of plans rejected for this reason might have been far higher had not the Council's requirements been discussed whenever possible before plans were submitted.

It is of note that, in one instance, it was agreed that a flue should terminate at a lower level than proposed and an approach was made by another firm in the City to reduce the height of an existing stack. The Council agreed to the reduction in height having regard to the reduced output of the stack and the fact that there was no foreseeable likelihood of a reversion to the original capacity of the boiler installation. The approval given was much appreciated by the firm who, if they had received a refusal, would have faced heavy expenditure to extensively repair the brickwork of the upper courses of the stack.

New Furnaces

During the year notification was received of the installation of 96 furnaces. Of these 73 were oil fired, including 14 replacing existing solid fuel plant. There were 13 new solid fuel installations for space heating and domestic services, five gas fired boilers and five proposed incinerators. It is noticed that the strong tendency to oil firing in recent years still continued through 1962.

Smoke and Grit Emissions

The number of complaints received in respect of smoke, grit and dust nuisances increased and in all 76 cases were investigated. The increase is welcomed, reflecting an encouraging public interest in smoke control and clearly indicating that conditions accepted, or perhaps even unnoticed, some years ago are no longer tolerated.

Emissions from chimneys of buildings accounted for forty-four complaints, garden bonfires ten, and rubbish burning, sixteen. Car breaking operations and incineration each gave rise to two complaints.

FOOD INSPECTION*Slaughtering Facilities*

The continued drop in the number of pigs sent in to the bacon factories for slaughter plus the impact of the Slaughter Houses (Hygiene) Regulations 1958 has resulted in the closure of another private slaughter house and the offer of the premises for sale.

There has been an approximate 10 per cent reduction in the total number of animals slaughtered in the City. The following tables show this reduction to be chiefly due to a considerably reduced through-put at Hotwell Lairs, although output at the Abattoir also shows a decrease in all sections.

Table 1

	<i>Abattoir</i>		<i>Percentage Difference</i>		<i>Hotwells Lairs</i>	
	1961	1962			1961	1962
Cattle ...	16,713	16,396	- 1·8	- 30·1	8,134	11,638
Calves ...	2,732	2,106	-22·9	- 68·9	407	1,312
Sheep ...	34,797	33,559	- 3·5	- 8·03	23,170	25,195
Pigs ...	14,694	14,358	- 2·2	- 20·3	8,248	10,352
Totals ...	68,936	66,419	- 3·6	- 17·6	39,959	48,497

Table 2*Total number of animals slaughtered in Bristol*

			1961	1962	<i>Percentage Difference</i>
Cattle ...	...	...	28,351	24,530	- 13·14
Calves ...	...	...	4,044	2,513	- 37·8
Sheep ...	...	...	59,992	56,729	- 5·4
Pigs—S/house	...	...	25,046	22,606	- 9·7
Pigs—Bacon Factory	...	...	6,169	4,560	- 26·08
Total ...	...	...	123,602	110,938	- 10·2

Table 3 sets out the extent of tuberculosis found in bovine animals dealt with during the year and well illustrates the effectiveness of the Tuberculosis Eradication Scheme of 1958/9. No reactors were slaughtered so the low percentage of positive tuberculosis cases is indicative of the extremely successful results of eradication methods. It is of interest to compare the figures for Irish and English cattle. The difficulty in obtaining tubercular specimens for examination and lecture purposes can be readily appreciated when it is seen that only six complete carcasses were rejected, those of two English cows and four Irish steers.

Table 3

				<i>Number Slaugh- tered</i>	<i>Totally Rejected</i>	<i>Any Organ or part</i>	<i>Percentage 1962</i>	<i>Percentage 1961</i>
Bristol Abattoir	Cows			6,195	—	—	—	0.38
	Steer/Heifer exclud- ing Irish			9,150	—	—	—	0.03
	Irish			1,051	—	4	0.38	1.24
Hotwell Lairs	Cows			2,657	2	8	0.30	0.23
	Steers/Heifers exclud- ing Irish			3,617	—	13	0.35	0.13
	Irish			1,860	4	79	4.24	6.58
Totals	Cows			8,852	2	8	0.09	0.102
	Steers/Heifers exclud- ing Irish			12,767	—	13	0.101	0.06
	Irish			2,911	4	83	2.85	5.11

The incidence of Cyticeriosis in cows has increased by 0.08 per cent (0.44 per cent to 0.52 per cent) and in best cattle by 0.16 per cent (0.77 per cent to 0.93 per cent). Irish Cattle have again accounted for the highest percentage, with 60 positives out of 2,911 dealt with, 2.02 per cent—an increase of 0.89 per cent (1.13 to 2.02 per cent). Out of 12,767 best English cattle there were 87 positives or 0.68 per cent—an increase of only 0.04 per cent. No generalised carcasses were found this year and, following the procedure laid down in *Memorandum 3—Meat*, all the carcasses were subjected to cold storage treatment. The general standard of quality and fitness has shown no decrease over previous years and it would seem that this better class of beef animal has now come to stay.

Hotwells Lairs

These premises do not comply with the Slaughterhouse Regulations but, as the exemption to the provision of suitable stunning pens under the Slaughter of Animals (Prevention of Cruelty) Regulations 1958 did not extend beyond 1st January, 1963, in spite of the limited remaining life of the building, two stunning pens have been installed and are in full working order. The high pressure hosing of beef carcasses continues and it is agreed that this method considerably improves the appearance of the finished carcasses.

Public Abattoir

The Abattoir has again been used extensively for lectures and demonstrations to students taking one of the many courses at the University of Bristol and the Bristol Technical College. Three examinations are now held at the premises every year and a lecture theatre, needed for this and other purposes, may well be included in any future extension.

An additional beef carcass splitting saw was installed during the year, making a total of three such machines, in order to assist the throughput at peak times.

A number of butchers using the Abattoir need occasional telephone facilities there in connection with their business and, to help them, a coin-box telephone was installed in the Cooling Hall. This has proved very satisfactory and the telephone is in regular use.

It became necessary during the year to carry out major repairs to the steam boiler, which had given full time service for over 26 years. A new set of boiler tubes was fitted and a number of other fitments renewed. The plant should now give good service for many years.

The requirements of the *Factories Acts* have recently become applicable to the Abattoir and it has been necessary to have all the equipment and machinery used for lifting and hanging carcasses tested and examined by a Proving House. Although for many years, in the interest of safety, the equipment has been examined and maintained by a local firm at the voluntary wish of the Health Committee, it is now necessary for the work to be carried out in rather more detail and for more precise records to be kept. A fire alarm system was also required under the *Factories Acts* regulations and accordingly an electric bell system, partly automatic, was installed.

Bacon Factories

Since derationing there has been a continued drop in the number of pigs passing through the bacon factories. Last year there was a reduction of approximately 19 per cent (7,654 to 6,169) but this year the reduction is 42·2 per cent (6,169 to 4,560). This very large reduction will have repercussions in the near future, in fact one company has closed and sold their premises and it seems doubtful if another will apply for renewal of their slaughter house licence in view of the few pigs involved and the cost of making their premises comply with the regulations. It was thought at one time that another large bacon factory would transfer their killing to Bath, but they have now decided to close their Bath premises and transfer all work here. This means that their factory will have to be rebuilt. The necessary plans have been approved and the rebuilding programme started. For the time being all the staff of the small goods factory have been transferred to Bath and only the bacon side of the business is left in Bristol. It may also mean, as a temporary expedient only, that the slaughtering will be carried out in Bath.

Meat Inspection

During the year all animals slaughtered at the various slaughtering centres were examined by Public Health Inspectors attached to the Meat Section. Sunday slaughter was very frequent again this year as well as at early morning and evening. Table 13 lists the various diseases and conditions met with during the post mortem examination of the animals slaughtered in Bristol. Two pigs were found to be affected with Swine Fever and the usual notification and disposal of the carcasses, offal and hair by burning was followed. Dr. H. R. Cayton, Director of the Public Health Laboratory Service, Canynge Hall, was very helpful during the year in giving opinions on the specimens submitted to him and our thanks are due to him and his very able staff. The illustration shows a peculiar growth found in the stomach of a steer slaughtered at Hotwells Lairs. Mr. A. D. Osborne, D.V.S.M., M.R.C.V.S., of Langford was good enough to give a report on the condition and also provided the photograph. His report stated that the histological examination has shown this to be a typical fibroid growth.

A total of 795 portions of the diaphragm from bacon pigs and sows were submitted to Dr. H. D. Crofton, Zoology Department, University of Bristol, for routine examination of the parasite *Trichinella spirallis*. We fortunately have had no positive results and tribute must be paid to Dr. Crofton and his technician.

Their efforts are entirely voluntary and in addition, Dr. Crofton has on several occasions assisted in determining whether or not a particular lesion is a case of cysticercosis. Over the past few years Dr. Crofton has regularly carried out this test for *Trichinella spirallis* and to date has examined 4,665 specimens with very few positive results.

Ritual slaughter is still practised at Hotwell Lairs principally for the shipping trade and there appears to be an increase in the demand for this class of meat for local Mohammedans. Recently, a Mohammedan holding a licence issued by another authority has come to live in Bristol. This licence has been renewed and he has undertaken to slaughter any animals required by Mohammedans in the City or for the shipping butchers.

Meat Depots

Last year saw a new meat depot constructed with a glass front, in Old Market Street. Contrary to popular expectation this window was never broken during the normal trading hours and it would be an improvement if some of the other depots followed this example. All the depots are maintained in a satisfactory manner and it was only necessary to serve a notice on one of them for certain items under the Hygiene Regulations. During the past year fresh meat has been coming into the depots from outside slaughter houses in larger quantities than usual. The standard of inspection varies and a closer watch has been necessary on those depots selling meat and offal from outside slaughter houses. Very little trouble has been experienced with the meat carrying vehicles but some butchers use the boots of their cars and some of their duck boards require frequent renewal.

Kitchens

Visits to the kitchens of the School Meals Service continued during the year, both on complaint and for routine inspections.

One meat supplier was prosecuted during the year because a cigarette end was found in a piece of meat. Unfortunately so many of the canteen staff had to be called to give evidence that in the end the case was dismissed by the Magistrates. Another prosecution is pending because a metal tag was found by a school girl while eating a sausage.

Pet Shops

Following the pattern of last year it was decided to sample raw meat from pet shops and to concentrate on imported horse flesh and liver. As at first very few samples were found to be in any way infected, it was decided to include a few knacker meat samples as well and some half a dozen shops were selected and sampled during the year. All the samples were submitted to the Director of the Public Laboratory Service to test for *salmonella* or *shigellae*. No evidence of *shigellae* was found but the following table sets out the number and percentage of *salmonella* isolated.

Of the 179 samples submitted 20 contained evidence of salmonellae infection with 2 samples containing 2 different species.

Table 4

Sample		Number	Salmonella	Percentage
Horseflesh	... ..	96	13 (2 with 2 species)	13·5
Hearts	... ..	1	—	—
Knacker Meat	... ..	28	4	14·2
Minced Beef	... ..	20	1	5·0
Liver	... ..	34	2	5·8
Totals	... ..	179	20	11·17

It should be noted that the minced beef consisted of ox cheeks minced and pressed by a local butcher for pet meat only. While the overall percentage is down from last year (14·5 to 11·17 per cent) it must be remembered that only knacker meat was sampled last year. Comparing like for like the percentage of knacker meat specimens found affected with *salmonella* last year was 14·5 per cent and this year 14·2 per cent. These results give further proof that to safeguard public health, all raw meat should be sterilized before sale, particularly because of the risk of infection when this material is handled in the home. The table below shows the different strains of *salmonella* isolated.

Table 5

				<i>Horse Flesh</i>	<i>Knacker Meat</i>	<i>Minced Beef</i>	<i>Liver</i>
Salmonella specie	...	...		5	—	1	—
„ bredeney	...	...		1	—	—	—
„ anatum	...	...		2	—	—	—
„ typhimurium	...	...		—	2	—	—
„ minesota	...	...		1	—	—	—
„ poona	...	...		1	—	—	—
„ meleagridis	...	...		2	1	—	—
„ give	...	...		1	—	—	—
„ bovis morbificans	...	...		1	1	—	1
„ menston	...	...		1	—	—	—
„ dublin	...	...		—	—	—	1
Totals	11	...	...	15	4	1	2

It is proposed to include sewer swabs as well this coming year. Only six were taken this year from the slaughterhouses and all were free from *salmonella* and *shigellae*.

Piggeries

Routine visits to the piggeries and larger poultry premises were continued during the year. Two notices were served in respect of dirty piggeries and had the desired effect. A very firm line is being taken in certain cases and quite a few allotment holders have been required to move some of the ramshackle structures that have appeared from time to time. Mr. Pike of the Allotments Section attached to the City Valuer's Department has again been very helpful and co-operative in trying to establish higher standards but most of the piggeries represent part time occupation only and it is difficult at times to find or meet occupiers on their plots. The Public Health Inspector who carries out these duties is doing a worth while job and is slowly instilling a sense of responsibility into some of the less co-operative pig keepers.

Table 6

Number		Use	Licensed to boil swill		Visits	
1961	1962		1962	1961	1962	1961
19	18	Keeping pigs only ...	10	11		
33	34	Keeping pigs and poultry ...	18	19		
16	12	Keeping poultry only ...	2	3		
68	64	Totals	30	33	348	341

Knackers Yards

Two premises in the City are licensed as Knackers Yards although slaughtering takes place on rare occasions only.

New Legislation

The Preservatives in Food Regulation 1962.

The Animals (Landing from Channel Islands, Isle of Man, Northern Ireland and Republic of Ireland) Amendment Order 1962.

Table 7—Animals Slaughtered and Inspected

Hotwell		Bacon Factories				Hotwell		Bacon Factories			
Lairs	Abattoir	and City	Total			Lairs	Abattoir	and City	Total		
11,638	16,713	—	28,351	Beasts ...	...	8,134	16,396	—	24,530		
1,312	2,732	—	4,044	Calves ...	...	407	2,106	—	2,513		
25,195	34,797	—	59,992	Sheep ...	...	23,170	33,559	—	56,729		
10,352	14,694	6,169	31,215	Pigs ...	...	8,248	14,358	4,560	27,166		
—	—	—	—	Goats ...	...	—	—	—	—	
48,497	68,936	6,169	123,602	Total		39,959	66,419	4,560	110,938		

Table 8—Visits made by Meat Inspectorate

1961	Type of premises				1962
595	Slaughterhouses	...	...	...	644
530	Bacon Factories	...	...	...	438
180	Fish Markets	...	...	...	481
21	Butchers Shops	...	...	...	116
141	Food preparing premises	...	...	...	350
1,269	Meat Markets	...	...	...	1,284
96	Schools	...	...	...	193
208	Cold Stores	...	...	...	257
614	Other premises	...	...	...	467
	Pet Shops	...	...	...	136
	Piggeries	...	...	...	348

Table 9—Condemned Meat and Offal

		1961				1962			
		Tons	Cwt.	Qrs.	Lb.	Tons	Cwt.	Qrs.	Lb.
Hotwell Lairs	Carcases	...	8	12	0	18	6	7	3
	Offal	...	33	1	2	24	28	8	1
Abattoir	Carcases	...	16	6	3	17	7	2	2
	Offal	...	36	7	2	21	40	11	1
Bacon Factories	Carcases	...	1	2	0	1	1	19	1
	Offal	...	3	1	0	22	3	9	3
Meat Depots & Cold Stores	Carcases	...	4	7	3	23	6	17	3
	Offal	...	—	15	3	13	1	5	0
TOTAL	Carcases	...	30	9	0	3	22	7	2
	Offal	...	73	6	1	24	73	14	2

Table 10—Other Foods Condemned

			<i>Tons</i>	<i>Cwt.</i>	<i>Qrs.</i>	<i>Lb.</i>
Canned meat	...	...	—	12	3	11 $\frac{1}{4}$
Poultry	...	...	—	8	1	27 $\frac{3}{4}$
Wet Fish	...	...	—	7	3	15
Rabbits	...	...	—	—	3	19
Sausage	...	...	—	—	1	17
Cheese	...	...	—	—	—	41 $\frac{1}{4}$
Butter and Lard	...	...	—	—	—	—
Ducks	...	...	—	—	1	5
Total	...	...	1	11	1	91 $\frac{1}{4}$

Table 11—Carcases Condemned

	T.B.			Other Conditions			T.B.			Other Conditions			T.B.			Other Conditions		
	1961			1962			1961			1962			1961			1962		
	1961	1962	...	1961	1962	...	1961	1962	...	1961	1962	...	1961	1962	...	1961	1962	...
Cows	—	2	10	5	24	—	14	13	—	—	—	—	24	2	24	18	—	—
Part Carcases	—	—	2	6	1	—	4	2	—	—	—	—	1	—	6	8	—	—
Other	13	4	2	4	1	—	14	4	—	—	—	—	14	4	16	8	—	—
Bovines	23	7	4	7	—	—	5	3	—	—	—	—	23	7	9	10	—	—
Calves	—	—	5	9	—	1	7	8	—	—	—	—	—	1	12	17	—	—
Part Carcases	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—
Sheep	—	—	36	10	—	—	40	22	—	—	—	—	—	—	76	32	—	—
Part Carcases	—	—	9	32	—	—	4	4	—	—	—	—	—	—	13	36	—	—
Pigs	2	—	10	27	1	—	41	38	1	2	11	31	4	2	62	96	—	—
Part Carcases	1	—	9	52	—	—	23	38	—	—	5	17	1	—	37	107	—	—
Total	15	6	63	55	26	1	116	85	1	2	11	31	42	9	190	171	—	—
Part Carcases	24	7	24	97	1	—	36	48	—	—	5	17	25	7	65	162	—	—
Weights	7,623	3,407	7,466	7,792	2,248	40	19,903	23,871	393	307	1,961	4,103	20,264	3,754	29,330	35,766	—	—
(in lb.)	Part Carcases	3,144	1,233	586	2,188	374	—	2,246	1,192	—	144	279	3,518	1,233	2,976	3,659	—	—

Table 12—Carcases Inspected and Condemned 1962

	Cows	Cattle (excluding Cows)	Calves	Sheep	Pigs
Number Killed	Hotwell Lairs	2657	407	23170	8248
	Abattoir	6195 } 8852	2106 } 2513	33559 } 56729	14358 } 27166
	Bacon Factories	—	—	—	4560
Number Inspected	Hotwell Lairs	2657	407	23170	8248
	Abattoir	6195 } 8852	2106 } 2513	33559 } 56729	14358 } 27166
	Bacon Factories	—	—	—	4560
All diseases except Cysticercosis and tuberculosis	Hotwell Lairs	5	9	10	27
	Abattoir	13 } 18	8 } 17	23 } 33	38 } 94
	Bacon Factories	—	—	—	29
Carcase of which some part or organ was condemned.	Hotwell Lairs	1742	10	2181	2138
	Abattoir	2277 } 4019	9 } 19	3298 } 5479	2251 } 4988
	Bacon Factories	—	—	—	599
Percentage of the number inspected affected with disease other than cysticercosis and tuberculosis.	Hotwell Lairs	65-56...	2-46...	9-41...	25-92...
	Abattoir	36-76...	0-23...	9-83...	15-68...
	Bacon Factories	—	—	—	13-10...
Tuberculosis only	Hotwell Lairs	2	—	—	—
	Abattoir	— } 2	— } 1	—	—
	Bacon Factories	—	—	—	2
Whole carcase condemned	Hotwell Lairs	8	—	—	159
	Abattoir	— } 9	— } 1	—	131
	Bacon Factories	—	—	—	51
Carcase of which some part or organ was condemned	Hotwell Lairs	0-30...	—	—	1-93...
	Abattoir	0-02...	0-05...	—	0-91...
	Bacon Factories	—	—	—	1-12...
Percentage of number inspected affected with tuberculosis	Hotwell Lairs	10=0-38...	—	—	—
	Abattoir	36=0-38...	—	—	—
	Bacon Factories	—	—	—	—
Cysticercosis only	Hotwell Lairs	10 } 46	—	—	—
	Abattoir	36 } —	—	—	—
	Bacon Factories	—	—	—	—
Carcase of which some part or organ was condemned	Hotwell Lairs	—	—	—	—
	Abattoir	—	—	—	—
	Bacon Factories	—	—	—	—
Carcase submitted to treatment by refrigeration	Hotwell Lairs	—	—	—	—
	Abattoir	—	—	—	—
	Bacon Factories	—	—	—	—
Generalised and totally condemned	Hotwell Lairs	—	—	—	—
	Abattoir	—	—	—	—
	Bacon Factories	—	—	—	—

**Table 13—Schedule of Whole Carcasses and Part Carcasses Condemned
indicating Disease or Condition**

				<i>Cows</i>		<i>Steers and Heifers</i>		<i>Calves</i>		<i>Sheep</i>		<i>Pigs</i>	
				<i>Part</i>		<i>Part</i>		<i>Part</i>		<i>Part</i>		<i>Part</i>	
				<i>Car-</i>	<i>Car-</i>	<i>Car-</i>	<i>Car-</i>	<i>Car-</i>	<i>Car-</i>	<i>Car-</i>	<i>Car-</i>	<i>Car-</i>	<i>Car-</i>
				<i>case</i>	<i>case</i>	<i>case</i>	<i>case</i>	<i>case</i>	<i>case</i>	<i>case</i>	<i>case</i>	<i>case</i>	<i>case</i>
Abnormal Odour	...	...	...	1	4	—	—	—	—	—	—	—	—
Actinobacillosis/Mycosis	...	...	...	1	—	—	1	—	—	—	—	—	—
Abscess	...	...	...	1	—	—	4	—	—	—	21	7	36
Arthritis	...	...	...	—	—	—	—	—	—	—	2	2	14
Bruising	...	...	...	—	3	1	2	1	1	1	6	1	7
Carcinoma	...	...	...	—	—	—	—	—	—	1	—	—	—
Caseous Lymphadenitis	...	...	...	—	—	—	—	—	—	1	—	—	—
Corynebacterium	...	...	...	—	—	—	—	—	—	—	—	1	33
Cysticercus Ovis	...	...	...	—	—	—	—	—	—	1	—	—	—
Emaciation	...	...	...	—	—	—	—	—	—	7	—	1	—
Enteritis	...	...	...	—	—	—	—	1	—	—	—	—	—
Fever	...	...	...	—	—	—	—	—	—	—	—	1	—
Immaturity	...	...	...	—	—	—	—	3	—	—	—	—	—
Jaundice	...	...	...	—	—	—	—	2	—	—	—	—	—
Joint ill	...	...	...	—	—	—	—	7	—	—	—	—	—
Malignant Noeplasms	...	...	...	—	—	—	—	—	—	1	—	—	—
Mastitis, Septic	...	...	...	5	—	—	—	—	—	1	—	—	—
Moribund	...	...	...	—	—	—	—	2	—	4	—	6	—
Nephritis, Acute	...	...	...	—	—	—	—	—	—	—	—	1	—
Oedema	...	...	...	2	—	—	—	—	—	3	—	—	—
Pericarditis, Acute Septic	...	...	...	1	—	—	—	—	—	—	—	—	—
Peritonitis	...	...	...	—	1	—	2	—	—	—	4	—	3
Peritonitis, Acute Septic	...	...	...	1	—	1	—	—	—	4	—	9	—
Peritonitis and Pleurisy, Acute	...	...	...	2	—	2	—	—	—	—	—	24	—
Pleurisy	...	...	...	—	—	—	1	—	—	—	8	—	13
Pleurisy Acute, Septic	...	...	...	—	—	—	—	1	—	3	—	18	—
Pneumonia, Acute, Septic	...	...	...	—	—	1	—	—	—	1	—	4	—
Pregnancy, Toxaemia	...	...	...	—	—	—	—	—	—	2	—	—	—
Pyæmia	...	...	...	—	—	—	—	—	—	1	—	6	—
Pyelonephritis	...	...	...	—	—	—	—	—	—	—	—	1	—
Septicaemia	...	...	...	4	—	2	—	—	—	2	—	3	—
Swine Erysipelas	...	...	...	—	—	—	—	—	—	—	—	5	—
Swine Fever	...	...	...	—	—	—	—	—	—	—	—	2	—
Uraemia	...	...	...	—	—	1	—	—	—	—	—	1	—
Urticaria	...	...	...	—	—	—	—	—	—	—	—	1	—
TOTAL	...	...	...	18	8	8	10	17	1	33	41	94	106
Tuberculosis	...	...	...	2	—	4	7	1	—	—	—	2	—
GRAND TOTAL	...	...	...	20	8	12	17	18	1	33	41	96	106
Cysticercus Bovis	...	...	...	46	—	147	—	—	—	—	—	—	—

MILK AND FOOD INSPECTION

New Legislation

The principal legislation enacted during the year and affecting the work of the Department was as follows:—

The Emulsifiers and Stabilisers in Food Regulations, 1962—with certain exceptions, no food intended for human consumption may contain emulsifiers or stabilisers other than those enumerated in the Regulations and no cream may contain any thickening substances. Only permitted emulsifiers or stabilisers and no thickening substances for cream may be sold. No flour, sold as such, may contain any emulsifier or stabiliser; bread may contain only specific materials for these purposes.

An emulsifier is a substance capable of aiding and a stabiliser one capable of maintaining “the uniform dispersion of two or more immiscible substances” but there are many substances excluded from that definition which may be used in food. A thickening substance is one capable of increasing viscosity but sugar is excluded. No emulsifier or stabiliser may be added to milk for sale as such, but “milk” does not include cream so that whilst no thickening substances other than sugar may be added to cream, the addition of a permitted emulsifier or stabiliser is acceptable.

The Preservatives in Food Regulations, 1962, repealed various earlier Regulations; increased the number of permitted preservatives and the types of foods in which they may be present, or to which they may be added, in quantities limited by the Regulations. Containers of food preservatives must be labelled in the approved manner but in only a small number of foods need the addition of preservative be declared on a wrapper or by a notice exhibited in a retailer's shop.

Matters of Special Interest

Bacteriological condition of water in public swimming baths

The Medical Officer of Health requested an investigation into this matter. Accordingly, 472 samples were secured from 3 selected swimming baths during the months of April, June, July and August. In a few instances, Faecal Coli Type 1 was revealed.

Infection from animal food

Following an outbreak of food poisoning traced to cows' milk in the County of Gloucester, a request was made that sacks used for animal food be examined. Arrangements were made to secure samples of dust from sacks returned to a factory where sacks were emptied by an extraction fan. Eighteen samples were secured and *Salmonella taksony* was isolated from one.

Soft Ice Cream

A manufacturer of ice-cream has suggested that salesmen, operating in vans selling soft ice-cream, might adulterate it by adding to the ice-cream powder more water or milk than was supplied by the employer, subsequently pocketing the excess proceeds. Where the freezing process takes place in the van, this is possible, but if the resultant ice-cream complies with the statutory standard, not a high one, a Food and Drugs Authority is powerless.

Hair Lacquer

Samples were secured and it was found that they were not within the list of Part 2 Poisons under the *Pharmacy and Poisons Act*. Some are sold as ordinary liquids, but others are in the form of an aerosol spray having an ethyl alcohol base which is inflammable, corrosive and dangerous to the eyes. Not all of them had adequate warnings on labels and there is no legal enactment to require it. The following articles in this form have been sampled—
insecticides, clothes cleaners, ant killers, oven cleanser, artificial snow and silver laquer.

The Public Analyst has stated that the toxic effect of aerosol propellants is under consideration by the Home Office.

Imported tinned meat

A firm of wholesale grocers reported the receipt of complaints regarding Yugoslav Canned Picnic Hams. Of 68 tins examined in the laboratory, all but nine were odorous and contained heat resistant sporing bacilli or faecal type streptocci which produced spoilage during storage at atmospheric temperature. It was necessary to condemn 2,704 of these hams.

Legal Proceedings

<i>Offence</i>	<i>Infringement</i>	<i>Result</i>
Nail and pieces of wood in pie filling	Section 2, Food and Drugs Act	Fined £20
Smoking in butcher shop	Regulation 9, Food Hygiene Regulations	Fined £3
Wire in loaf	Section 2, Food and Drugs Act	Fined £15 and £3 3s. 0d. costs
Almond paste below accepted standard	Section 2, Food and Drugs Act	Fined £10 and £3 3s. 0d. costs
Smoking in food van	Regulation 9, Food Hygiene Regulations	Fined £3
Metal in pasty	Section 2, Food and Drugs Act	Fined £10 and £3 3s. 0d. costs
Frozen peas unfit for human consumption	Section 8, Food and Drugs Act	Fined £5
Glass in milk bottle	Section 2, Food and Drugs Act	Fined £50 and £3 3s. 0d. costs
String in loaf of bread	Section 2, Food and Drugs Act	Fined £20 and £5 5s. 0d. costs
Dirty bottle of milk	Regulation 27, Milk and Dairies Regulations	Fined £50 and £3 3s. 0d. costs
Cheese containing maggots	Section 8, Food and Drugs Act	Fined £5 and £2 2s. 0d. costs
Cheese unfit for human consumption	Section 2, Food and Drugs Act	Case dismissed—conflicting opinions
Slug in frozen peas	Section 2, Food and Drugs Act	Fined £15 and £3 3s. 0d. costs
Nail in bun	Section 2, Food and Drugs Act	Fined £28 and £2 2s. 0d. costs
Smoking in food shop	Regulation 9, Food Hygiene Regulations	Fined £5
Mouldy condition of meat pie	Section 8, Food and Drugs Act	Fined £10 and £2 2s. 0d. costs

Outstanding

Two cases of smoking in food rooms; 1 case of selling milk in a dirty bottle.

*Milk**Chemical Analysis*

Five hundred and sixty-four samples of milk were submitted for chemical analysis, a number of these being from vending machines. Fifty-three samples of designated milk and 6 samples of "Channel Islands" milk were deficient in fat but 11 of these were satisfactory on bulking. Eighteen samples were deficient in non-fatty solids and 1 in fat and non-fatty solids; 1 sample contained added water and a repeat sample was satisfactory. The 53 samples mentioned above included 18 taken at a dairy followed by 22 "Appeal to cow" samples from the same producer. The bulk fats were exceptionally low at 1.86 per cent and 1.99 per cent on "Appeal to cow" and the milk therefore genuine, but of poor quality. The Milk Marketing Board were notified and the milk diverted to a cheese factory.

Biological Examination

Of 201 samples submitted, 2 were infected with brucellosis; these were from 2 producers. One of the infected milks was consigned to a processing dairy. The other was raw tuberculin tested milk on sale in the City and a notice under the Milk and Dairies Regulations was issued to the producer/retailer by the Medical Officer of Health. The milk from this herd, however, now goes to a pasteurising dairy. There were no samples positive for tubercle bacilli.

Designated Milk

Four hundred and seventy-one samples of pasteurised milk, including 144 from schools, and 20 samples of sterilised milk were submitted to the laboratory. Of the latter all were satisfactory but 2 pasteurised milks failed the phosphatase test. Ten pasteurised milks failed the methylene blue test. Appropriate action was taken in each case.

Of 268 samples of raw tuberculin tested milk, 24 failed the methylene blue reduction test and again a high proportion of them were from vending machines.

A number of vending machines have been discontinued but others have been established and regular samples are secured from the 27 machines known to the Department.

Ice Cream

All the 112 samples of ice cream submitted for chemical analysis were satisfactory. 108 samples submitted for the methylene blue reduction test were graded as follows:—

				1961	1962
Grade	1	...	...	102	62
	2	...	...	15	17
	3	...	...	16	10
	4	...	...	7	16
Unclassified	...	...	...	—	3
				<hr/>	<hr/>
	Totals	...	...	140	108
				<hr/>	<hr/>

Medicines and Drugs

Six hundred and forty-one samples of medicines and drugs were submitted for analysis. The few cases of deterioration of old stock were dealt with by destruction upon notification to the vendor.

Pharmacy and Poisons

Eighty-eight samples of articles likely to come within the scope of the *Pharmacy and Drugs Act* were submitted and very few infringements were revealed.

Eight hundred and fifty-two visits were paid to the premises of the 416 persons on the Local Authority's list of those entitled to sell Part 2 Poisons. Five persons illegally selling Part 2 Poisons were discovered by the Inspector's Assistant and subsequently listed.

Sampling at Corporation Establishments

In addition to 144 samples of milk delivered to schools, 595 samples of miscellaneous foods were taken from school kitchens and some were affected with insects or deterioration. In such cases, by arrangement with the School Meals Department, a condemnation certificate is issued and the food destroyed.

Fertilisers and Feeding Stuffs

No legal proceedings were required in respect of minor infringements of the *Fertilisers and Feedings Stuffs Act* respecting 2 samples of the 34 formal and 78 informal samples taken.

Food Poisoning, Dysentery, Typhoid and Para-Typhoid

These subjects are referred to in Section A of this Report.

Notices

During the year 126 notices and letters were served for non-compliance with the Food Hygiene Regulations, *The Shops Act*, *The Weeds Act*, etc. Including 7 outstanding from 1961, 114 were complied with.

The year saw the Food and Drugs Inspectorate depleted through sickness for considerable periods and, towards the end of the year, two inspectors left the section on promotion to be replaced by officers previously engaged in district inspection.

DAIRIES AND MILKSHOPS, ETC.

<i>Samples Taken</i>	<i>Samples not satisfactory 1961</i>	<i>Chemical Analysis</i>	<i>Samples Taken</i>	<i>Samples not satisfactory 1962</i>
839	64	Milk	564	61
126	1	Ice Cream	112	—
2,359	70	Other foods	2,268	33
830	18	Medicines and Drugs	641	21
66	5	Poisons	88	1
25	4	Rag flock	26	1
173	9	Fertilisers and feeding stuffs	112	3
150	68	Water (Baths)	119	54
62	—	Water (Other)	65	—
95	55	Miscellaneous	93	52
<i>Bacteriological examination:—</i>				
321	17	Milk T.B. exam: City	201	2
		Somerset		
		Gloucestershire		
		Other Counties		
366	13	Milk, pasteurised	327	12
21	—	Milk, sterilised	20	—
149	8	Milk, schools	144	—
222	39	Milk, T.T.	268	24
140	23	Ice cream	108	28
74	1	Plant tests	54	4
249	46	Churn and bottle tests	250	53
41	13	Shellfish	38	20
63	5	Water	512	9
261	21	Miscellaneous	203	66
<i>Visits (Not Sampling)</i>				
737		Pharmacy and poisons	852	
149		Dairies	143	
233		Ice Cream shops	146	
435		Other food premises	471	
1,215		Butcher's shops	1,188	
2		Infectious diseases (except food poisoning)	20	
306		Dysentery	538	
215		Food poisoning	127	
53		Noxious weeds	51	
18		Rag flock	19	
829		Other visits	799	
<i>Notices</i>				
49		Informal notices served	34	
44		Informal notices complied with	32	
—		Statutory notices served	1	
—		Statutory notices complied with	1	
<i>Remedial action</i>				
24		Premises altered and repaired	25	
76		Premises cleansed and decorated	62	
19		Other defects remedied (premises)	15	
53		Hot water handwashing facilities provided	39	
9		Heating provided	8	
—		Drainage—Drains tested	—	
—		Drains repaired	—	
1		Choked drains repaired	2	
1		Water closets—Flushing appliances provided	3	
—		New pans provided	5	
18		Other repairs	33	
74		Other nuisances abated	76	
14		Lighting provided	18	

Quinquennial Licences issued under the Milk (Special Designation) Regulations, 1960

					1961/1965	
					(Licences as at 1962)	(Licences as at 1961)
To process Pasteurised Milk	...	...	...	...	11	11
To sell Pasteurised Milk	...	...	...	...	510	482
To process Sterilised Milk	...	...	...	...	1	1
To sell Sterilised Milk	...	...	...	...	603	568
To sell Tuberculin Tested Milk	...	...	...	...	25	24
					<hr/> 1,150	<hr/> 1,086

Registrations

					1962	1961
<i>Under Section 16, Food and Drugs Act, 1955</i>						
For the Manufacture of Ice Cream	...	...	...	...	10	10
For the Storage and Sale of Ice Cream	...	...	...	...	1,488	1,465
For the Preparation of Sausages, Cooked, Pickled or Preserved Foods	...	...	...	...	256	254
<i>Under the Milk and Dairies Regulations, 1959</i>						
Dairies	...	...	...	...	60	60
Distributors	...	...	...	...	699	666
<i>Under the Rag Flock and Other Filling Materials Act</i>						
Registered to use Filling Materials	...	...	...	...	19	19
Licensed to Manufacture Rag Flock	...	...	...	...	<hr/>3	<hr/> 3
Licensed to Store Rag Flock	...	...	...	...	3	3
<i>Under the Pharmacy and Poisons Act, 1933</i>						
Listed Sellers of Part II Poisons	...	...	...	...	416	465

Samples Submitted to the Public Analyst

					1962	1961
<i>Sampled under the Food and Drugs Act—</i>						
Foods, and Drugs	...	...	...	...	3,021	3,315
Milk	...	...	...	...	564	839
					<hr/> 3,585	<hr/> 4,154
Water, swimming baths	...	...	...	...	119	150
Water, others	...	...	...	...	65	62
Filling materials	...	...	...	...	26	25
Fertilisers and Feeding Stuffs	...	...	...	...	112	173
Poisons: Part II	...	...	...	...	88	66
Miscellaneous	...	...	...	...	93	95
					<hr/> 503	<hr/> 571
GRAND TOTAL					<hr/> 4,088	<hr/> 4,725

Samples Submitted to the Bacteriological Laboratory

				1962	1961
Milk:—					
Tubercle examination	...	...		201	321
Tuberculin tested	...	...		268	222
Pasteurised	...	...	...	327	366
„ (Schools)	...		...	144	149
Sterilised	...	...	...	20	21
Ice Cream	...	...	...	108	140
Water	...	...	...	512	63
Plant Tests	...	...	...	54	74
Churn and Bottle Rinses	...	...		250	249
Shellfish	...	...	...	38	41
Miscellaneous	...	...	...	203	261
				<hr/> 2,125 <hr/>	<hr/> 1,907 <hr/>

Adverse reports were received from the Bacteriological Laboratory in respect of the following samples.

				1962	1961
Milk:—					
Tuberculous	...	...	...	—	—
Brucella Abortus	...	...		2	17
T.T. (failed M.B. test)	...			24	39
Processed (failed Phosphatase test)				2	14
Ice Cream:—					
Grades 3 and 4	...	...		26	23
Plant tests	...	...	...	4	1
Churn and bottle rinses	...	...		53	46
Shellfish	...	...	...	20	13
Water—Baths	{	...	...	7	4
Others	}	...	...	—	1

Appropriate action was taken in all of the above cases.

GENERAL ENVIRONMENTAL HEALTH WORK

Submission of Plans

The liaison between this Department and that of the City Engineer ensures that the Planning and Public Works Committee have relevant comments on Environmental Health matters when plans are submitted, and this system continues to operate extremely well.

To ensure compliance with the requirements of the *Clean Air Act, 1956*, it is generally necessary to obtain additional information from architects, in spite of the fact that the City Engineer assists by distributing information as to a developer's responsibilities when he is aware of intention to submit plans.

Fortunately such information is usually readily and quickly made available to the Department and consideration of proposals is subject to no undue delay. In cases where the design of boilers and furnaces is to be a matter for a sub-contractor, to be appointed after approval of any proposal, the Committee will normally approve the application with a proviso that the heating apparatus complies with the requirements of the Department of Public Health.

Plans checked and approved by the Department this year numbered 630, a 5 per cent increase in the figure for 1961.

Car Burning

Open sites, whether in industrial or residential districts of our cities have for many years posed problems for local authorities. Bristol is no exception and to maintain sanitary conditions on land, awaiting development after war damage or housing action, has never been an easy task. Concentrated efforts by the inspectorate over some years, with the assistance of the Transport and Cleansing Officer and the City Engineer have successfully dealt with the depositing of refuse and complaints of such misuse of vacant plots are now received only infrequently. During the last few years the City Council by determined efforts have also prevented the use of such open spaces as graveyards for old cars and breakers' yards, which, at one time, mushroomed overnight to create nuisance and seriously affect the amenities of several neighbourhoods.

The disposal of old cars and the recovery of salvage must be carried out however, and to this end the Council made available land for use as a car breaking establishment. Although the burning-out of cars and the usual noisy work of the business was carried on at these premises, its siting, reasonably removed from residential development, was such that only one complaint was received during a period of operation of some 18 months. An agreement with the operators that no rubber would be burned was reached and no further complaints were received.

During the month of July, however, a press report that the Council were contemplating permitting an extension to the yard and were considering letting further land for the purpose, gave rise to considerable concern among the residents of neighbouring houses. It then became necessary to open a full investigation into the existing situation and consider the position which might arise if the extension was permitted. Although no complaints had been received in the office for many months it became clear that residents were generally dissatisfied with conditions as existing, showing especial concern about noise created seven days a week, a faint but recognisable odour of burning rubber

always present and the fine smoke haze which appeared to permanently hover above the site. The conditions did not justify specific complaints but agreement among residents on their existence clearly indicated that an extension of the business was likely to lead to increased nuisance perhaps to a level which would justify public health action.

Discussions between members of the Committees interested led to a decision not to proceed with the proposed extension and measures taken thereafter were designed to improve the existing arrangements.

Active consideration is now being given to other arrangements for burning out vehicles. It appears desirable that the burning be carried out on another site far removed from residential development although it will be appreciated that such sites are difficult to find in urban areas. Alternatively cars can be burned in a specially constructed chamber designed to deal separately with the products of combustion.

In the meantime, as a result of advice and regular supervision, the business of car-breaking is proceeding quite satisfactorily and without nuisance.

Treatment of Feathers

The increased consumption of poultry throughout the nation has resulted in the creation of a new industry of considerable size to provide "broiler" chickens. This City has faced no real problems during the new industry's "teething period" although, of course, the same cannot be said of all local authorities. During the year however a considerable nuisance was caused by a firm dealing with feathers, the by-product of broiler production.

Complaints of offensive odours were received from residents in the Ashton Vale district and, upon investigation, were found to emanate from premises recently occupied by a firm treating feathers. The Corporation had received no notification of a change of use and no plans were submitted to indicate structural alterations to the building, which had previously been used to garage motor vehicles.

The premises were of simple construction, with walls of concrete blocks and roofed with corrugated asbestos sheets, supported on steel trusses. There was no adequate drainage system, surface water from the roof draining to an existing ditch which discharges to Colliters Brook, a natural outfall flowing through this part of the City.

The feathers were processed by first soaking in brine for up to twelve hours after which they were washed with water from the mains supply. Drying by centrifugal force and afterwards by steam followed the washing. The remaining treatment removed the feather leaving the quill and residue to be sold as fertiliser.

Nuisances at the factory arose as a result of accumulations of stale feathers within the curtilage and on land near the premises, giving rise to odours and rat and fly infestations, and from the discharge of waste water from the brine tanks and the centrifuge to the open ditch and thence to Colliter's Brook.

To deal with the complaints the co-operation of the City Engineer and the Rivers Pollution Officer was sought although statutory action under the nuisance section of the *Public Health Act, 1936*, was immediately instituted and was

effective in abating nuisances from accumulations of stale feather. Although The Rivers Pollution Board was satisfied that the water in Colliter's Brook was polluted, in fact sampling had revealed it to have a biological oxygen demand sixteen times greater than that of domestic sewage, circumstances prevented action by the Board. The Chief Public Health Inspector raised the question of planning permission with the City Engineer, and a refusal by the Planning and Public Works Committee to agree to the use of the site for this type of business led to its ultimate departure to fresh fields.

During the period prior to the firm's removal very frequent inspections and control measures by the district inspector successfully minimised the nuisances to nearby house occupiers.

Filthy Premises—an Odd Case

There are 120,000 dwellings in this City used for human habitation and some 15,000 of them are visited each year by Public Health Inspectors—the reason for these visits can vary from the need to carry out a complete survey for the repair of the property to advice and assistance in connection with pest control or similar matters.

It is with pleasure and some pride one is able to report that the vast majority of homes in this City are maintained in a clean and satisfactory condition and a credit to the occupants. However, occasionally complaints are made about the filthy condition of domestic premises and during the summer, the Central District Inspector had to deal with a remarkable case.

On the 31st July, 1962, a complaint was received regarding the condition of premises which are situated near the centre of the City. They consisted of a basement with two rooms, ground floor two rooms and first floor three rooms. The owner/occupier upon request, refused to permit an inspection to be made and accordingly a notice of "Intention to Enter" was served. He attempted delaying tactics to postpone the date of inspection but eventually acquiesced and an inspection was duly made.

It was thought advisable for two Inspectors to carry out the inspection and the ground floor two rooms, one used as a shop and the second as a small workshop, were found to be satisfactory. On climbing the ground-first floor stairway, however, the Inspectors became aware of an appalling stench, the like of which was unequalled during their combined experience of some forty years. On the first floor landing there was an accumulation of about three hundredweights of putrescible food material and other rubbish. All surfaces, right down to the risers and treads of the staircase, were thickly covered with cobwebs, which had to be removed from the first floor front room doorway before entry could be made.

The curtains of this room were drawn and, in order to get some light and air into the room, it was necessary to climb over large accumulations of rubbish to reach the windows. In so doing one could hear mice scurrying around. Having obtained some light and air the Inspectors were astounded to see that the room contained virtually tons of rubbish. Hundreds of newspapers were in evidence, most of which had been chewed by mice into confetti-like shapes. There was an abundance of decaying food material and upon pulling some of the rubbish back one could see that a baby grand piano and other large pieces of furniture were submerged in this sea of stinking refuse.



A lack of interest shown by an elderly couple over a period of years, gave rise to conditions shown here and overleaf.





The other rooms were found to be in an almost similar condition. In the kitchen on the same floor there was an old-fashioned stoutly-built plate and utensil rack fixed about three feet above sink level. In it and right up to the ceiling height, which was about 9 ft. 6 ins., the most remarkable collection of loaf ends, all green with mildew, was observed. The bread tops were well consolidated, much resembling a concrete-like mass, and interspersed throughout was a large number of milk-tops, unwashed, it might be added. The effect was almost pretty. Unfortunately the owner/occupier pulled the lot down before photographs could be taken of this.

There were two W.C.s on the premises, one on second-floor level, unused, and the other in the basement at the rear. Whilst this latter W.C. was almost inaccessible because of overgrown vegetation, the compartment and pan were found to be in a clean condition!

The owner/occupier, a man not without means, and his companion, who was not entirely responsible for her actions, were, when challenged regarding the state of the premises, most apologetic and extremely sorry for their neglect. They were told, however, that they could please themselves as to which course of action they preferred to be taken against them, namely:—

- (a) Prosecution.
- (b) Complete co-operation with the District Inspector who required an entirely free hand to arrange and supervise clearance, disinfection, and disinfestation services at their expense.

They readily agreed to the latter. These measures were duly taken and it was necessary for 14 lorry-loads of rubbish to be taken from the premises. It was estimated that something like forty-two tons were removed at a cost of £56, this amount being exclusive of other services provided.

The premises have now been cleaned up and they are visited periodically by the District Inspector. Whilst it has taken a considerable time to really make headway, it is now true to say that the woman concerned is once again beginning to take pride in the state of the premises, so much so that although the piano referred to above is still unusable owing to damage by pests, the external appearance is such that one can see one's face in the highly polished surface. The owner/occupier and his companion now welcome any visit from the Inspector and admit that whilst they feared the worst when he made his initial visits they realise now that the very best thing did in fact happen when the Health Authorities insisted upon entering the premises to deal with the problem.

National Assistance Act, 1948

The Public Health Inspector, generally, has a role to play in the administration of this major piece of social legislation and participation in the compulsory removal of aged persons from insanitary premises remains one of the more onerous duties. Often extremely difficult, not the least unpleasant side of the task is the attempt to interest remaining, perhaps distant, relatives in the future of the elderly person in question.

From time to time the attention of the Department is drawn to the conditions in which an old person lives. An Inspector, finding unsatisfactory circumstances, immediately contacts one of the Health Visitors specialising in the care of the aged and, with the help of the Welfare Services Officer, begins the long and sometimes unrewarding job of trying to convince an independent old person of the advantages of entering a home voluntarily. During this period improvement in conditions must be attempted but, obviously, with gentleness and understanding. The Council officials concerned with this work must create trust and establish a friendly relationship if they hope to improve the lot of the old man or woman.

Fortunately success often crowns these informal efforts and one hears from time to time, with gratification, of the happiness many of these elderly people subsequently find with their fellows in the excellent accommodation provided in the City for aged and infirm people.

There are occasions, however, when for one reason or another, elderly persons remain adamant, and, in their own interests, it is necessary to utilise the power given to the Court by the Act to order removal to a place where necessary care can be given. Such a case occurred this year.

In accordance with established practice the Inspector attended the Court to give evidence as to insanitary conditions at the dwelling, whilst medical evidence was submitted by an Assistant Medical Officer of Health. The Court Order was made and the elderly lady afterwards removed to an aged persons' home. The removal took place some five months after an initial complaint, the unusual delay being due to the physical ability of the elderly lady to look after herself. Only when a deterioration in her health came about was the medical adviser able to assure the Court, as he must to comply with the legal requirements, that the patient was no longer capable of giving herself sufficient care and attention.

It is pleasing to report that the system established and the excellent co-operation which exists between departments can enable the necessary assistance to be given in extreme cases in a matter of hours.

Civil Defence

The participation by officers of the Department in the training of Civil Defence volunteers has continued, but, in the latter half of the year, at a reduced level. This has been occasioned by the re-organisation of the Civil Defence Corps in accordance with national policy. Revised training schemes are now in operation in the City and, in 1963, it is anticipated that the help requested will be increased.

In April another member of the staff visited the Civil Defence Staff College at Sunningdale to attend a course designed to equip Senior Public Health Inspectors with background knowledge of Civil Defence. These courses, each of a week's duration, are extremely valuable and enable the officers concerned to better appreciate their likely responsibilities and duties at any time of national emergency.

Health Education and Technical Training

The work in this field has again increased during the year; this is especially noticeable in that of technical training and is a most satisfactory trend.

Education in environmental health subjects is a slow business; startling results from the work are not forthcoming and should not be expected. Clearly, in these circumstances, public health officers must accept assistance where it can be found. Lectures to nurses, domestic science students and caterers can stimulate interest in public health producing a nucleus of people in many fields able, and indeed anxious, to disseminate information to their pupils or fellows.

Lectures are now provided regularly for the following Courses:—

Universtiy of Bristol

Department of Public Health	...	Diploma in Public Health
		Diploma in Child Health
		Health Visitors Certificate Course
		Pre-Clinical (Medical) Course
Department of Veterinary Medicine	...	Veterinary Public Health Course
Faculty of Science	... ..	Course for Degree of B.Sc.
		(Domestic Science)

Bristol Technical College

Diploma Course for Public Health Inspectors
 Course for Certificate for Inspectors of Meat and other Foods
 Matron-Housekeepers' Course
 Pre-Nursing Courses
 Catering Courses (Full-time, day release and part-time Courses)

Department of Public Health

Clinic Assistants' Course

United Bristol Hospitals

Pre-Nursing Course
 Nursing Course

Frenchay General Hospital

Pre-Nursing Course

The following schools have been visited this year:—

Clifton High School for Girls			
Redland High School for Girls			
Colston Girls School			
Merrywood Grammar School for Girls			
Withywood Secondary Modern School			
Brislington	”	”	”
Speedwell	”	”	”
Monks Park	”	”	”

It is of interest to note that, after a talk on the Environmental Health Services at a school, two of the senior pupils contacted the Department seeking to become public health inspectors.

Practical Training of Students

The Department's participation in courses at various educational establishments is not restricted solely to the provision of lecturers. Many requests are received to assist by arranging practical demonstrations and visits to premises to illustrate environmental health studies. The ready co-operation by business firms and organisations in opening their premises to student groups is evidence of an excellent relationship with the Department and their efforts to be of assistance are much appreciated. Fifty-six visits were made by students groups who are conducted by inspectors and managements in tours of premises of interest.

The students on some courses gain more detailed insight into the duties and responsibilities of the Department by accompanying Housing, Food and Drugs and District Inspectors during their normal working hours. In this way it is possible for them to see the conditions dealt with and meet the everyday problems facing the Inspector.

The practical training arranged has been greatly appreciated by all categories of student and is a worthwhile undertaking although not without its problems in a department fully occupied with its normal duties and heavy responsibilities.

In the field of Health Education lectures were given as follows:—

Clean Food Handling	...	...	...	27
Environmental Health Service	...	...	...	25
Clean Air	...	...	...	6
Miscellaneous Subjects	...	...	...	9

It is common practice, where possible, to illustrate talks with visual aids and films were screened on 57 occasions during the above lectures. Film strips are also widely used especially to illustrate talks on Food Hygiene.

Overseas Visitors

The Department had the pleasure of entertaining eight overseas visitors during the year for periods ranging from three days to four weeks. Countries represented were Ghana, Southern Rhodesia, Nigeria, Greece, West Indies, Malaya and Turkey. Although some visitors have an interest in all aspects of Environmental Health, Bristol's visitors are usually most interested in Housing Conditions and Food Control.

Student Trainees

This year saw a change in the theoretical training for student inspectors. After much consideration it was decided that block release courses would be substituted for two-day release courses at Bristol Technical College. Students now spend a period of five weeks at the College during each scholastic term, instead of two days each week throughout the term.

The change is an improvement. Students can settle to an academic life when at College and practical training can be arranged with some continuity when trainees are with the Department. It is also possible for Divisional Inspectors to utilise the services of trainees more efficiently when their release for two days every week is not required.

The new arrangement has other benefits when considered in a wider sense. Day release schemes of training restrict distances from which students can be drawn and limit the number of local authorities able to use the facilities offered by the Bristol Technical College. Full-time training for periods of five weeks enables students living considerable distances from Bristol to enrol on courses and take accommodation in the City for the appropriate period. The current first-year course which commenced in November has ten students; the two-day course advertised just one year previously had only three acceptances and was abandoned. Possibly this improved position owes much to the change in policy.

At the commencement of the year six students were employed in the Department; five members of the second year course at Bristol, one attending the first year course at Cardiff. Trainees fulfil a useful function in the field of Environmental Health and, since the new training scheme involved their absence from their duties for five weeks, an approach was made to the Health Committee to increase the complement of trainees to ten. The Committee took their usual enlightened view to the training of Public Health Inspectors and agreed to four new appointments.

There is no difficulty in filling the vacancies and it was possible to make a choice from fourteen applicants all of very good standard.

Five students who have been in training for two years took the Intermediate Examination of the Public Health Inspectors Education Board and all passed, as did all students on the same course at Bristol Technical College. This hundred per cent pass figure was attained by only one other Technical College throughout the country and is thus a considerable achievement.

The Department co-operated with the University of Bristol, Department of Extra Mural Studies and the Western Centre of the Association of Public Health Inspectors in arranging a refresher course for Public Health Inspectors. During the past ten years nine such courses have been arranged in the City and all have been fully supported by local authorities in the West of England. Thirty-five Inspectors, the maximum convenient number, attended the sessions held on Friday, Saturday and Sunday, 6th—8th July, at Wills Hall.

Papers were presented on:—

The World Health Organisation

Environmental Health Control at Airports

The Laboratory Control of Foodstuffs

Hygiene Drill for Food Handlers

The New Training Scheme for Public Health Inspectors

Housing Procedure—with special reference to multi-occupation

The Public Health Inspectors' link with Civil Defence

The papers without exception were extremely well presented, informative and provoked lively discussion.

RAT DESTRUCTION

DISINFESTATION AND DISINFECTION

Rodent Control

This year, one of consolidation of the progress made in reducing the rodent population of the City, was the virtual completion of the first major treatment of the City's sewerage system. The final programme of the sewer treatment, Programme No. 3, was phased into 8 drainage catchment areas consisting of the following groups of districts:—

- Phase 13. Cotham, The Centre, Broadmead, Montpelier, St. Werburghs
- „ 14. Brandon Hill, Hotwells, Clifton (part)
- „ 15. Clifton (part), Clifton Down, Redland (part)
- „ 16. Horfield, Redland (part), St. Andrews
- „ 17. Westbury O.T. (part), Eastfield, Southmead, Henleaze
- „ 18. Westbury O.T. (part), Brentry, Upper Knole
- „ 19. Sneyd Park, Stoke Bishop, Sea Mills, Shirehampton (part)
- „ 20. Lawrence Weston, Kingsweston, Shirehampton (part), Blaise Castle

The check visits so far made have shown a tremendous reduction in the rat population of the sewers and April 1st, 1963, will see the commencement of a sewer treatment programme, based upon the information already obtained, which it is hoped will become a regular bi-annual treatment covering the whole City.

Due to economic considerations the system of operation had to be re-organised and the last six weeks of the programme completed during the year was undertaken by 4 men instead of the usual 7 without slowing down the set time table. The table of results gives ready figures of the amount of work done. In fact over 2,700 tons of manhole covers have been lifted to make this work possible. The value of this work is shown in the fact that only 43 drainage systems were referred to the District Public Health Inspectors for investigation compared with 62 for 1961 and 116 for 1960.

Prevention of Damage by Pests Act 1949

Under Paragraph 1 Section 2 of the Act, 2,432 occupiers have notified this Department that their premises were infested with rats or mice. Verbal notices have been served on occupiers of 21 premises, drawing attention to their obligations under the Act and requiring certain works to be carried out. In all cases these notices have been complied with.

Routine Inspections and Treatment

The regular routine inspections of the Offensive Trades areas of the City have again revealed a very satisfactory condition, the river banks in general are also in a very satisfactory condition.

The present method of treatment makes it extremely difficult to recover the bodies of dead rats and it is therefore difficult to assess the efficiency of treatment in this way.

Schools, nurseries, clinics, etc., continue to ask for assistance in the eradication of mice infestations, whilst constant routine inspections are responsible for the satisfactory condition of the docks and dock installations. A number of premises in the City are regularly inspected and any infestation discovered is promptly dealt with. This year, 2,126 routine inspections were made in this respect.

Other Pests

During the latter half of the year wasps nests were again prevalent, but not as numerous as for 1961. Complaints continue to be made regarding other animals such as foxes, badgers, squirrels, rabbits, snakes and, on one occasion, mink and polecat. Appropriate measures have been taken in each case when it was possible to locate the origin.

The total number of complaints received during this year was:—

Rats	...	...	...	...	1,986
Mice	...	...	...	...	477
Total	...	...	...	...	<u>2,463</u>
Complaints not finally dealt with by 31st December, 1961					68
Total number of complaints receiving attention					<u>2,531</u>

The following table shows these complaints in more detail:—

			<i>Business Premises</i>	<i>Dwelling Houses</i>	<i>Local Authority Premises</i>	<i>TOTAL</i>
Cleared by Department	...	...	666	1,170	331	2,167
Cleared by Occupier	...	...	14	54	—	68
No treatment required after inspection	...	...	41	161	7	209
Incompletely dealt with (carried forward)	...	...	20	45	22	87
Totals	...	...	<u>741</u>	<u>1,430</u>	<u>360</u>	<u>2,531</u>

Disinfection and Disinfestation

The Superintendent and the staff of the Disinfecting Station have again made their considerable contribution to the work of the Department. It is difficult to over estimate the value of the section when considering the ancillary services carried out in times of emergency; services which often involve long working hours in the most inclement of weather.

There was an increase in the number of premises visited for disinfection and disinfestation purposes whilst the number of visits made to institutions was more than double that of 1961. There was a decrease in the number of articles destroyed as a result of the dismantling of the incinerator at the Station. Alternative arrangements were made to carry out necessary work and consideration is now being given to the type of incinerator which will be installed as a replacement. There is every hope that the new equipment will be in operation during the coming year.

The types of premises treated in the City are varied. Requests from the police to disinfect and disinfest cells and blankets, after occupation by dirty or verminous persons, are received almost daily, whilst a large hotel requested assistance to deal with a room, badly blood-stained as a result of an unsuccessful suicide attempt. Several houses were cleansed by the Section when they were found to be in such a shocking state as to make cleansing by the Home-

Help Service impractical. In such cases it is usually necessary to remove considerable quantities of rubbish before cleansing can be commenced. The disinfestation and disinfection of bedding and cabins of ships at Bristol and Avonmouth Docks has also been carried out upon request.

Two calls were received for disinfection in connection with suspected smallpox cases; one on board a ship, the other at a Youth Hostel. Both cases were later confirmed as chickenpox. A case of anthrax at a Knackers Yard involved the usual stringent disinfecting procedure and included destruction of hides and carcases by fire.

There would appear to be a growing awareness in the City that facilities are readily available to assist in dealing with fly infestations. Several firms requested assistance in this way including a large bacon warehouse. Serious infestations after fires at a City Warehouse and a mill at Avonmouth were also dealt with, although in the latter case several treatments were necessary, co-ordinated with the removal of damaged animal feeding stuffs to refuse tips. The year saw a continuation of the useful routine fly-prevention treatment of the manure heaps and gut rooms at the Abattoir and the animal houses and dissecting rooms at the Veterinary Department of the University of Bristol.

The number of visits made in connection with the soiled linen service once more shows an increase of nearly 2 per cent to 12,336. It is pleasing to report, however, that careful planning of collection routes reduced the annual mileage by 140 miles to a figure of 16,940 miles. During the year 37,423 articles were collected and sent for laundering.

In the early part of the year, as a result of flooding and burst pipes, the section was called upon to assist in the drying of carpets and bedding. Nearly 800 articles were treated using drying equipment loaned by the City Engineer. As a result of this experience, in the course of the year, drying equipment, powered by Calor Gas, was provided for use at the Station. The wisdom of this step was amply proved at the end of the year when, after the severe weather at Christmas, demands by householders for assistance poured into the Department. The year ended as it began for staff at the Station, working regularly through the night until the early hours of the morning, drying carpets and bedding and dealing with all the emergencies arising as a result of the unusually cold weather.

Disinfections, Drain Tests, Etc.

1961		1962
12,609	Premises disinfected and disinfested	13,408
56,852	Articles disinfected	48,881
3,513	Articles disinfested	3,429
2,949	Articles destroyed	648
443	Vermin repression—by spraying	319
101	Vermin baths—men	125
3	—women	1
57	Disinfection for hospitals and nursing homes ...	125
27	Public library books collected and disinfected ...	14
—	Private library books collected and disinfected...	—
32,752	Foodstuffs, etc., destroyed—canned food ...	31,196
5,370	—other foodstuffs	6,315 lb.
675	Food premises visited	518
31	Drain tests	53
4,301	Other work	5,029

ADMINISTRATION OF THE SHOPS ACT 1950 AND KINDRED LEGISLATION

General Administration (Shops Act 1950)

The work to implement the requirements of legislation affecting shops and non-industrial workplaces is expected to undergo change in the not too distant future. The publication of the Offices, Shops and Railway Premises Bill in the course of the year is likely to be followed by legislation, welcome to sanitarians who, for many years, have been conscious of limitations in existing powers to ensure reasonable working conditions for non-industrial workers.

The Bill incorporates no proposals relating to trading hours on Sundays, weekdays or half-holidays although, it is hoped this question will receive some future attention. It is clear there are considerable differences of opinion amongst retailers as to what, in this respect, will be generally acceptable to traders and the general public.

Some 5,643 routine visits have been made to shops and warehouses and 773 infringements regarding notices and records were observed in addition to 207 contraventions of the conditions of employment of shop assistants. This necessitated 1,145 revisits before compliance with the regulations was secured. There were also 188 shops at which the health and welfare conditions were considered unsatisfactory and of these 90 were dealt with by the Shops Inspectorate and 98 referred to the Public Health Inspectors.

Two shops were involved in a prosecution in respect of meal intervals and falsification of records, fines totalling £96 were imposed in addition to £5 5s. 0d. costs.

The Health Committee granted exemption from the general closing hours for three exhibitions and the Town Clerk wrote a warning letter to a promoter who remained open without permission. There has been a growing tendency for shops to have a late night on Fridays but in most cases staff have additional time off during the week and thus work no extra hours. Many shops also extended the hours just prior to Christmas but there was no request for the suspension of the closing hours during the period.

The Annual Conference of the Institute of Shops Acts Administration was held at Scarborough in September and Bristol was represented by a member of the Health Committee and one of the Shops Inspectors.

Young Persons (Employment) Act 1938

Fifty-four visits were made to check the working hours of young persons who come within the scope of this Act.

Sunday Entertainment Act 1932

The cinemas open on Sundays were visited but no infringements of the regulations were disclosed.

Employment of Women, Young Persons and Children Act 1920

The British Transport Commission has been granted exemption from the provisions of this Act and are, therefore, permitted to employ young persons at any time of the day or night, previously employment between 10.00 p.m. and 5.00 a.m. was prohibited.

Shops Act, 1960

		1961	1962
<i>Visits</i>	Retail	5,063	5,466
	Wholesale	257	177
<i>Revisits</i>	Retail	1,209	1,128
	Wholesale	14	17
<i>Infringements</i>	Failure to exhibit notices ...	878	773
	Closing hours	35	36
	Sunday employment	43	29
	Half holiday	31	35
	Hours of young persons	29	26
	Meal intervals	54	75
	Seats for female assistants ...	9	6
<i>Verbal Warnings</i>	... ..	1,076	977
<i>Warning Letters</i>	... ..	1	—
<i>Legal Proceedings</i>	... ..	2	1

Employment of Women, Young Persons and Children Act, 1920

<i>Visits</i>	... ..	4	1
<i>Revisits</i>	... ..	1	—
<i>Infringements</i> —Records	... ..	—	—
	Night Employment	1	—
<i>Verbal Warnings</i>	... ..	1	—
<i>Written Warnings</i>	... ..	—	—
<i>Legal Proceedings</i>	... ..	—	—
<i>Section 38—Assistants' Facilities</i>			
(a) Improved	... ..	81	90
(b) Referred to Public Health Inspectors	... ..	105	98

Sunday Entertainment Act—Cinemas

<i>Visits</i>	... ..	53	42
<i>Revisits</i>	... ..	4	2
<i>Infringements</i> —Holidays	... ..	4	—
	Records	5	—
<i>Verbal Warnings</i>	... ..	5	—
<i>Reported to Licensing Justices</i>	... ..	4	—
<i>Legal Proceedings</i>	... ..	—	—

Young Persons (Employment) Act 1938

<i>Visits</i>	... ..	51	54
<i>Revisits</i>	... ..	1	—
<i>Infringements</i> —Notices	... ..	3	—
	Sunday employment	—	—
	Half holiday	2	—
	Hours	2	—
	Meal intervals	2	—
	Night employment	—	—
<i>Verbal Warnings</i>	... ..	9	—
<i>Warning Letters</i>	... ..	—	—
<i>Legal Proceedings</i>	... ..	—	—

**Time Worked Outside of Office Hours and Observation Patrols
Shops Inspectors**

	1961	1962
Evenings	15 hrs. 45 mins.	47 hrs. 15 mins.
Sundays	47 hrs. 20 mins.	33 hrs. 15 mins.
Wednesdays (p.m.)	199 hrs. 05 mins.	186 hrs. 55 mins.
Saturdays (p.m.)	4 hrs. 00 mins.	2 hrs. 45 mins.

THE REPORT OF THE SCIENTIFIC ADVISER AND OFFICIAL AGRICULTURAL ANALYST FOR THE CITY AND COUNTY OF BRISTOL FOR THE YEAR 1962

(Incorporating the Work on behalf of the County of Gloucester and the City of Gloucester)

E. G. Whittle, B.SC. (London), F.R.I.C.

STAFF FOR THE YEAR

Scientific Adviser—E. G. WHITTLE, B.SC. (LOND.), F.R.I.C.

Deputy Scientific Adviser—I. DEMBREY, B.SC. (BRISTOL), F.R.I.C.

Principal Assistant—G. G. FISHER, B.SC. (BIRM.), F.R.I.C.

Principal Assistant—D. J. TAYLOR, B.SC. (LOND.), F.R.I.C.

Assistant Analyst—MISS M. V. WESTCOTT, M.SC. (BRISTOL).

Assistant Analyst—MRS. A. JONES, B.SC. (DUBLIN), A.R.I.C.

Assistant Spectroscopists—MRS. J. STABLES, B.SC. (BRISTOL).

MRS. P. BRUNT, B.SC. (LEEDS).

Research Assistant—MISS E. M. LEWIS, B.SC. (WALES).

Field Officer—R. C. M. PUTNAM, M.I.P.H.E.

Chief Analytical Assistant—C. R. TURNER.

Senior Analytical Assistants—MRS. D. WITHERS.

G. P. HALL, G.R.I.C.

MISS J. ROSSER.

J. BURFOOT.

Junior Analytical Assistants—MISS V. BROMWICH.

D. MORGAN.

P. C. COX.

MRS. J. MOSCOW.

Secretary—MRS. I. MOORE.

Assistant Secretary—MRS. B. TAYLOR.

Laboratory Attendants—MRS. N. BUDD.

MRS. G. TAKLE (Part-time).

Sandwich Course Student—J. W. HORLER.

INTRODUCTION

This Report is the third since the return of the Department to full Corporation control in 1960 and my sixteenth Annual Report since my appointment in 1947. The overall total of examinations was 12,312 which included some 1,998 smoke recordings. The truer sampling figure is thus 10,314. The total of 12,312, however, is directly comparable with the grand total of 11,479 examinations in 1961, which means that 1962 was a record year for sampling. The most notable increases of work related to Port Health Office samples for the first time over 1,000 compared with 853 in the previous year, in Spectrophotometric Analyses another record number at 1,258 compared with 1,112 in 1961. It can also be reported that work for Gloucester County and Gloucester City increased significantly. For both County and City there were marked increases in milk and food and drugs samples with appreciable rises in County samples of waters and fertilisers and feeding stuffs.

All this effort would have been impossible without the full co-operation and support of a willing staff. We have also been fortunate in that whilst staff changes seem inevitable a full staff has been maintained during the year with a minimum of "dead" time in replacing staff. Members leaving the Department have usually been able to give reasonably advanced information of their intentions and this has been appreciated and has greatly helped in the prompt filling of vacancies. It is also gratifying to note that the qualified staff has changed little and this is a particular source of pride and pleasure to me as indicating these members' satisfaction in working with a contented team under much improved conditions particularly of salary. Another point worthy of mention is that being a relatively "young" staff we have remained surprisingly healthy throughout the year. Absence for sickness has been very small.

One of our spectroscopists, Mrs. Isaac, left early in the year and was replaced by Mrs. P. Brunt. In September we succeeded in filling our one outstanding vacancy for a Research Assistant in the appointment of Miss E. M. Lewis who has settled down very well and who is being initiated into all phases of the Departmental work before proceeding to more detailed aspects of research problems and the abstracting of journals.

Two members of the "Old Brigade" continue to give excellent and valued service. I refer to Mr. R. M. Putnam, the Field Officer, who still maintains a boundless enthusiasm and a willingness to tackle any job, the more difficult the better he likes it and, of course, to Mr. C. R. Turner, who despite his quietness and reserve, was I feel very pleased with the gold watch presented by the local authority in recognition of long service to the City. Mr. Turner joined the Department in October 1917, at the age of thirteen as a lab. boy, so called in those days. He has therefore given nearly 46 years of service, a wonderful record, unlikely to be beaten by any of the present staff. Mr. Turner with Mr. Dembrey, who has nearly 36 years service, together constitute our "unofficial historians." Their memories and comments on past events and former staff are both amusing and enlightening.

Miss H. Ninnes, a senior analytical assistant, left during the year to join her family in Paris where her father is now working. She was succeeded by Mr. J. Burfoot who has settled down very well and has proved most industrious and enthusiastic.

Mr. G. P. Hall, Senior Analytical Assistant, gained his G.R.I.C. during the year and is to be congratulated on his success. Mr. Hall is now ready to assume greater responsibilities and should shortly be moving to gain wider

experience. There were no changes in the Junior Analytical Assistants staff, but Miss V. Bromwich, the senior member of this group, is now qualified for appointment as a Senior Assistant Analyst and I hope this can be done as soon as the opportunity arises.

In the secretarial staff we have a change of name and a new member. Mrs. Hall remarried and became Mrs. Moore. We do congratulate her and having had the pleasure of meeting Mr. Moore we are sure they will be very happy together. Mrs. Moore has now been my secretary for nearly nine years and has always given cheerful and valuable service. I hope this happy state of affairs will continue for many years. Mrs. Shantry resigned early in the year and was succeeded by Mrs. B. Taylor who came to us with considerable experience in the old Preventive Medicine Department and lately in the Public Health Laboratory Service. Her experience quite literally in effect made her "tailor" made for the job and it has so proved. She has worked well with Mrs. Moore and is a cheerful and most tactful addition to the staff. Mrs. Comber (part-time), Laboratory Attendant joined the Pathology Department for full-time work and was temporarily replaced by a Miss Flynn who was enthusiastic enough but regrettably suffered from an eczematous condition of the hands which was in no way helped by washing up apparatus in detergent solutions. Mrs. G. Tackle replaced Miss Flynn and has proved quietly capable and very satisfactory.

The small sewage laboratory under Mr. R. Deeney with his assistant Mr. K. Taylor closed down late in the year and was removed to Catherine Farm, Avonmouth, their new headquarters, logically on the site of the proposed new sewage works. We have established happy relations with both Mr. Deeney and Mr. Taylor and I am sure future relations can continue to be mutually beneficial.

The event meant that another laboratory became available to us and enabled a certain amount of reorganisation to take place. The Milk and Dairy products work was transferred to this room and this allowed the setting up of a section to deal primarily with Pesticides in Foods. A routine procedure based on the use of fruit flies was adopted and enabled us to deal with 64 samples of fresh fruit and vegetables towards the end of the year. No evidence of insecticide residue was found with the possible exception of one instance of a trace of D.D.T. I would like to express my thanks to Mr. J. Sherratt, Public Analyst for Warrington, etc. for a supply of flies and most helpful advice resulting from his experience in this new and important field of work.

Comment on the year's work and events would not be complete without reference to the passing of Edward Russell, Public Analyst for the City from 1914 until 1934. I am indebted to C. H. Manley, Esq., M.A., F.R.I.C., formerly Public Analyst for the City of Leeds for permission to quote the obituary notice published in *The Analyst*, June, 1962. Mr. Manley wrote:—

"Edward Russell, one of the oldest members of our Society, died at his home in Clifton, Bristol, on March 13th, 1962, at the age of 92, after a week's illness. A native of Shropshire, he proceeded in due course to Portsmouth, whence, in 1914, he was appointed Bristol City Analyst, a post which he held until his retirement in 1934. During his term of office he was also a lecturer in public health chemistry at Bristol University. He made a number of contributions to *The Analyst*, the most important of which was concerned with "The Composition of Cider" (1909), "The Composition of Malt Vinegar" (1910), "The Composition of British Wines" (1911), "Unfermented Cordials"

(Annual Reports issued between 1929 and 1934) and "The Composition of Egg Powder" (1921), the last laying a useful foundation for work that was extended by others during the Second World War in connection with the widespread sale of spurious egg-substitute powders.

A genial and lovable character, Russell was an active member of the Bristol Area Section of the Royal Institute of Chemistry, the meetings of which he continued to attend (come fog, come weather) until 1960. He was a keen pedal cyclist, continuing to cycle around Clifton until he was in his late 70's. He is survived by his wife, two sons and two daughters. His elder son, Sir Lionel Russell, is Chief Education Officer for Birmingham, and his younger son, Ronald, is Director of the Little Theatre, Bristol."

I referred in 1961 to the possibility of the Department helping the Bristol College of Science and Technology with students requiring Sandwich Course training. For the last six months of 1962 we had Mr. J. Horler attached to us for training and I feel that this venture was very successful. I am sure Mr. Horler enjoyed the course and we were certainly pleased to have him in the laboratory. He was of very pleasing personality and worked well with all members of the staff. Given a similarly amiable character we shall certainly not object to repeating the experimental course.

Work for the County of Gloucester and the City of Gloucester has increased significantly during the year and I would take this opportunity of thanking the Inspectorate staffs for their help and co-operation through yet another busy year.

I also thank the Officers of the Bristol Authority particularly the Laboratory Staff and the Food Inspectors who have all once again shown every consideration and who have all contributed to another happy and successful year's work.

The Report is divided in the usual fashion into the Introduction and eleven sections as under:—

- PART I Food and Drugs Act
- PART II Fertilisers and Feeding Stuffs Act
- PART III Waters, Swimming Bath Samples, Effluents, Sewage and Chlorination
- PART IV Rag Flock Act
- PART V Pharmacy and Poisons Act
- PART VI Miscellaneous Analyses
- PART VII The County of Gloucester Report
- PART VIII The City of Gloucester Report
- PART IX Atmospheric Pollution
- PART X Spectroscopy
- PART XI Other Activities

Table 1—Summary of Samples Examined during the year ended 31st December, 1962, for the City and County of Bristol, the County of Gloucester, and the City of Gloucester.

	<i>Bristol</i>	<i>Gloucester County</i>	<i>Gloucester City</i>
Milks	564	839	83
Food and Drugs	3,021	632	209
Waters and Swimming Baths	244	173	—
Fertilisers and Feeding Stuffs	283	81	17
Miscellaneous	387	65	1
Port Health Office Samples	1,011	—	—
	<hr/> 5,510	<hr/> 1,790	<hr/> 310
Rag Flock Act	26	—	—
District Health Inspector's Samples	39	—	—
Pharmacy and Poisons Act	88	—	—
Atmospheric Pollution—			
Lead Peroxide	60	36	24
Deposit Gauges	60	36	19
Smoke Recordings—			
City	551	—	—
Port Authority	556	—	—
Miscellaneous	1,442	—	—
Spectrophotometric Analyses	1,258	76	11
Chlorination	317	103	—
	<hr/> 4,397	<hr/> 251	<hr/> 54

Grand Total 12,312

PART I. FOOD & DRUGS ACT

New Legislation, Reports and Recommendations

1. Ministry of Agriculture, Fisheries & Food (M.A.F.F.) Press Notice 27th March, 1962, stated that the Standards Committee had reviewed the Mineral Oil in Food Order of 1949. That Committee did not think the order in need of major amendment but recommended that the sealing of eggs with mineral oil and its use on the rind of whole pressed cheeses should be specifically permitted. They also recommended that the Standards of purity in the British Pharmacopoeia should be made obligatory for mineral oil used in food.
2. M.A.F.F. Press Notice 8th May, 1962, gave notice of the publication of the Standards Committee Report on Hard, Soft and Cream Cheese. The conclusions and recommendations of that Committee were as follows:—

Hard Cheese

- (a) Hard cheese should be made from full cream cow's milk and should contain not less than 48 per cent milk fat calculated on the dry matter and not more than 40 per cent water.
- (b) This standard should apply to all cheese described by the name of the main English varieties and to any hard cheese except
 - (i) as respects the whole standard cheese clearly labelled as being a variety of cheese not native to the United Kingdom or clearly labelled as "low fat cheese" or "skimmed milk cheese".

- (ii) as respects the maximum moisture content, cheese described as Derby, Leicester or Blue Stilton which should contain not more than 42 per cent water, cheese described as Cheshire, Gloucester or Double Gloucester which should contain not more than 44 per cent water, cheese described as Caerphilly, Wensleydale or White Stilton which should contain not more than 46 per cent water and cheese described as Lancashire which should contain not more than 48 per cent water.
- (c) Apart from additions specifically permitted by other regulations, no addition to hard cheese should be allowed except those customarily used in the traditional methods of production.
- (d) Varieties of cheese not native to the United Kingdom should conform to the compositional standards current in the country of origin of the variety.

Cream Cheese

- (a) Only cheese containing not less than 45 per cent milk fat should be described as "cream cheese".
- (b) Only cheese containing not less than 65 per cent milk fat should be described as "double cream cheese".
- (c) Apart from skimmed milk solids, no additions should be allowed to cream cheese except those customarily used in the traditional methods of production.
- (d) It should be an offence to label or advertise soft cheese in any way so as to suggest that it is cream cheese or that it contains cream.

Soft Cheese

- (a) Soft cheese described as "full fat soft cheese" should contain not less than 20 per cent milk fat and not more than 60 per cent water.
- (b) Soft cheese described as "medium fat soft cheese" should contain more than 2 per cent and less than 20 per cent milk fat and not more than 70 per cent water.
- (c) Soft cheese described as "skimmed milk soft cheese" should contain not more than 2 per cent milk fat and not more than 80 per cent water.
- (d) Curd cheese described as "full fat curd cheese" should contain not less than 10 per cent milk fat and not more than 80 per cent water.
- (e) Curd cheese described as "medium fat curd cheese" should contain more than 2 per cent and less than 10 per cent milk fat and not more than 80 per cent water.
- (f) No additions should be allowed to soft cheese except those customarily used in the traditional methods of production.

General

- (a) All percentages, unless otherwise stated, are calculated on the weight of the cheese as sold.
- (b) There will be no difficulties in enforcing the proposed standards.
- (c) The compulsory descriptions should appear in letters at least as large and of the same colour and on a background of the same colour as any other descriptive name used.

3. *Statutory Instrument No. 1287*

The Food and Drugs (Legal Proceedings) Regulations 1962.

These regulations amend the regulations specified in the Schedule and

also the Slaughterhouses (Hygiene) Regulations 1958, as amended, the Meat (Staining and Sterilization) Regulations 1960 and the Lead in Food Regulations 1961 by applying specifically certain sections of the Food and Drugs Act 1955 relating to legal proceedings.

4. *Statutory Instrument No. 1288.*

The Milk and Dairies (Legal Proceedings) Regulations 1962.

These regulations amend the Milk and Dairies (Channel Islands and South Devon Milk) Regulations 1956 and the Milk and Dairies (General) Regulations 1959 by applying specifically certain sections of the *Food and Drugs Act 1955* relating to legal proceedings.

5. *Statutory Instrument No. 1405*

The Food Standards (Table Jellies) (Amendment and Revocation) Regulations 1962.

These regulations, which apply in England and Wales only,

(a) provide for the revocation, on 12th July, 1963, of the Food Standards (Table Jellies) Order 1949, as amended, (which order has effect in England and Wales as if contained in regulations made under section 4 of the *Food and Drugs Act 1955*); and

(b) make amendments to that order so that in the meantime the standards for table jelly tablets, table jelly crystals and table jelly compounds prescribed in it shall not apply to pre-packed food which either bears a label containing a true statement of ingredients and other particulars conforming to the requirements of article 4 (1) to (3) inclusive of the Labelling of Food Order 1953 or which, if sold otherwise than by retail, is covered by a statement of ingredients and other particulars furnished in accordance with article 6 (1) (b) of that order.

6. *Statutory Instrument No. 721*

The Milk and Dairies (Emulsifiers and Stabilisers) Regulations 1962.

These regulations, which apply to England and Wales only, *prohibit the addition of any emulsifier or stabiliser to milk and the sale of any milk to which such an addition has been made.*

The Regulations will come into operation on 11th April, 1962.

7. *Statutory Instrument No. 720*

The Emulsifiers and Stabilisers in Food Regulations 1962 Regulations 2(1)

THE FIRST SCHEDULE

Permitted Emulsifiers and Permitted Stabilisers

Stearyl tartrate

Complete glycerol esters

Partial glycerol esters

Partial polyglycerol esters

Propylene glycol esters

Monostearin sodium sulphoacetate

Sorbitan esters of fatty acids and their polyxyethylene derivatives

Cellulose ethers

Sodium carboxymethyl cellulose

Brominated edible vegetable oils

Regulation 5 (2)

THE SECOND SCHEDULE

Labelling of Permitted Emulsifiers and Permitted Stabilisers

1. Each container to which regulation 5(2) relates shall bear a label on which is printed a true statement of the chemical nature of the emulsifier or stabiliser and a declaration that it is of the necessary purity for use in food.
2. Such statement and declaration shall be printed distinctly and legibly in dark block type upon a light-coloured ground or in light block type upon a dark-coloured ground, the type being not less than one-eighth of an inch in height, within a surrounding line and no other matter shall be printed within such surrounding line. The type shall be of uniform size and colour and the ground within the said surrounding line shall be of uniform colour.
3. Such label shall be securely affixed to, or be part of, the wrapper or container and in any case shall be so placed as to be clearly visible and shall either be part of any main label or a separate label placed in close proximity thereto.

Explanatory Note.

(This Note is not part of the regulations, but is intended to indicate their general purport.)

These regulations, which apply to England and Wales only:—

- (a) prohibit the sale or importation of flour containing any emulsifier or stabiliser (regulation 3 (2) and (4);
- (b) prohibit the sale or importation of bread containing any emulsifier or stabiliser other than stearyl tartrate or partial glycerol esters (regulation 3 (3) and (4);
- (c) prohibit the sale or importation of any other food containing any emulsifier or stabiliser which is not specified in the First Schedule (regulation 3 (1) and (4) and the First Schedule);
- (d) provide in effect that the above-mentioned provisions shall not apply in the case of food containing any emulsifier or stabiliser—
 - (i) inasmuch as that emulsifier or stabiliser is naturally present in that food;
 - (ii) by reason of the use of that emulsifier or stabiliser in a tin greasing emulsion (regulation 3 (5);
- (e) prohibit the sale or advertisement for sale of any food emulsifier or stabiliser which is not a permitted emulsifier or stabiliser and impose requirements as to the labelling and advertisement of permitted emulsifiers and stabilisers (regulations 5 and 6 and the Second Schedule);
- (f) prohibit the sale or importation of cream or reconstituted cream containing any thickening substance and the sale or advertisement for sale of any substance as a thickening substance for cream or reconstituted cream (regulations 4 and 7);
- (g) provide that where certain food is certified by a public analyst as containing any emulsifier or stabiliser not permitted by the regulations that food may be treated for the purpose of section 9 of the *Food and Drugs Act, 1955*, as being unfit for human consumption (regulation 8);
- (h) do not apply to any emulsifier or stabiliser, or any food containing any emulsifier or stabiliser, intended for export (regulation 2 (3));

- (j) provide that the Public Health (Preservatives etc. in Food) Regulations, 1925 to 1958, shall not apply to any emulsifier or stabiliser or as respects any emulsifier or stabiliser in food and revoke the provisions of those regulations relating to thickening substances for cream (regulations 2 (4) and 11);
- (k) do not apply to milk; with regard to this, separate Milk and Dairies Regulations have been made.

The regulations will come into operation on 16th July, 1962, save that the provisions relating to the labelling and advertisement of permitted emulsifiers and stabilisers (regulations 5 (2) and 6) will come into operation on 14th January, 1963.

8—*Statutory Instrument No. 1531*

The Milk and Dairies (Preservatives) Regulations 1962.

These regulations, which apply to England and Wales only, prohibit the addition of any preservative to milk and the sale of any milk to which such an addition has been made.

9—*Statutory Instrument No. 1532*

The Preservatives in Food Regulations 1962.

These regulations, which apply to England and Wales only, re-enact with amendments in Public Health (Preservatives etc. in Food) Regulations 1925 to 1958. The principal changes are:—

- (a) the list of permitted preservatives and of specified foods which may contain those preservatives has been extended (regulations 2 (3) and 3 and Schedules 1 and 2);
- (b) specified foods may contain a mixture of permitted preservatives within certain limits (paragraph (c) of the proviso to regulations 3 (1));
- (c) certain foods may contain permitted preservatives in excess of the limits specified in Schedule 1 if the food covered by a statement in the prescribed form (paragraph (b) of the proviso to regulation 3 (1) and Schedule 3);
- (d) any food may contain not more than five parts per million of formaldehyde derived solely from any resin used in the manufacture of wet strength papers or of plastic food containers or utensils (paragraph (d) of the proviso to regulation 3 (1));
- (e) the skin, but not the flesh, of a banana may contain nystatin: and cheese, clotted cream and any canned food may contain nisin (paragraphs (e), (h), and (k) of the proviso to regulation 3 (1));
- (f) the regulations provide that where certain food is certified by a public analyst as containing any preservative not permitted by the regulations, that food may be treated for the purposes of section 9 of the *Food and Drugs Act 1955* as being unfit for human consumption (regulation 7).

These regulations do not apply to milk: with regard to this, separate Milk and Dairies Regulations have been made.

10—*Press Notice dated 8th August, 1962*

The Food Standards Committee of the M.A.F.F. reviewed the provisions of the Public Health (Dried Milk) Regulations. The Committee recommend that the maximum butterfat content of dried skimmed milk should be reduced from 8 to 1.5 per cent and that the use of the expressions "three quarter cream" and "quarter cream" should be discontinued and a declaration of fat content

substituted. The Committee also recommend that the labelling provisions of the regulations, apart from those on baby feeding, should apply to all containers and not only, as at present, to those of ten pounds or under.

11—*Food Standards Committee Report on Canned Meat dated 8th August, 1962*

This perhaps long overdue but very welcome report can be summarised in the terms on page 10 of the Report.

- (a) There should be comprehensive standards for canned meat products on the basis set out in Appendix 1.
- (b) A declaration should be printed on the label of all canned meat products except those described as corned meat, clearly indicating the type of product being sold.
- (c) A similar declaration should appear once on all advertisements for canned meat, but no further provisions with regard to advertising are required in the context of the proposed regulations.
- (d) No special provisions with regard to sampling are required.
- (e) No method of analysis should be laid down in regulations.
- (f) The proposed standards are analytically enforceable.

Table 2—Percentage Adulteration over 9 years (Bristol only)

		1954	1955	1956	1957	1958	1959	1960	1961	1962
Total number of samples	...	2,750	3,179	3,012	4,868	3,917	4,028	4,116	4,154	3,585
Milks per cent adulterated	...	8.58	5.52	8.48	6.0	5.64	13.61	—	—	—
Milks—Ordinary	...	—	—	—	—	—	—	1.94	5.85	6.9
Milks—Channel Islands	...	—	—	—	—	—	—	17.9	10.67	6.2
Foods	...	0.36	0.35	0.36	0.33	0.34	0.76	1.16	0.63	0.89
Drugs	...	2.42	0.77	2.99	1.2	1.8	1.36	2.85	0.79	1.97
Total	...	2.65	1.26	2.81	2.0	1.87	4.29	3.06	2.07	2.00

Table 3—Average Composition of Genuine Milks for 1961

Bristol—Ordinary Milks

Month	No. of samples	Fat % average	Not-Fatty solids % average
January	40	3.89	8.60
February	41	3.52	8.65
March	31	3.61	8.73
April	36	3.48	8.75
May	28	3.34	8.87
June	23	3.62	8.87
July	30	3.62	8.62
August	35	3.64	8.77
September	23	3.61	8.82
October	33	3.58	8.68
November	52	3.88	8.84
December	26	3.79	8.91
Total	398	3.63	8.76

Bristol—Channel Island Milks

January	...	...	...	9	4·60	8·82
February	...	...	...	11	4·71	8·91
March	...	...	...	4	4·49	9·04
April	...	...	...	12	4·59	9·05
May	...	...	...	7	4·46	9·04
June	...	...	...	11	4·47	9·30
July	...	...	...	4	4·39	8·64
August	...	...	...	15	4·48	8·72
September	...	...	...	4	5·13	9·19
October	...	...	...	11	4·58	9·14
November	...	...	...	13	4·72	9·21
December	...	...	...	5	4·77	8·97
Total				106	4·62	9·00

Gloucester County—Ordinary Milks

January	...	...	...	21	3·78	8·75
February	...	...	...	95	3·61	3·68
March	...	...	...	77	3·71	8·71
April	...	...	...	28	3·57	8·76
May	...	...	...	87	3·36	8·84
June	...	...	...	41	3·47	8·86
July	...	...	...	16	3·67	8·65
August	...	...	...	43	3·61	8·69
September	...	...	...	59	3·58	8·89
October	...	...	...	64	3·67	8·96
November	...	...	...	68	3·95	8·84
December	...	...	...	25	3·81	8·80
Total				624	3·65	8·79

Gloucester County—Channel Island Milks

<i>Month</i>				<i>No. of samples</i>	<i>Fat % average</i>	<i>Not-Fatty solids % average</i>
January	...	...	...	7	4·57	9·08
February	...	...	...	11	4·65	9·09
March	...	...	...	7	4·72	9·03
April	...	...	...	6	4·33	8·93
May	...	...	...	22	4·40	9·22
June	...	...	...	12	4·41	9·09
July	...	...	...	4	4·15	9·03
August	...	...	...	18	4·43	8·99
September	...	...	...	14	4·60	9·22
October	...	...	...	36	4·75	9·27
November	...	...	...	30	4·95	8·77
December	...	...	...	6	4·62	9·30
Total				174	4·55	9·09

Gloucester City—Ordinary Milks

January	...	...	...	12	3·50	8·57
February	...	...	...	3	4·00	8·52
April	...	...	...	5	3·32	8·86
May	...	...	...	1	3·35	8·75
June	...	...	...	5	3·53	8·68
August	...	...	...	13	3·74	8·57
October	...	...	...	12	3·69	8·92
December	...	...	...	6	3·82	8·61
Total				57	3·62	8·69

Gloucester City—Channel Island Milks

January	...	...	...	2	4.67	9.12
February	...	...	...	3	5.15	9.07
June	...	...	...	7	4.50	8.93
August	...	...	...	1	5.20	8.50
October	...	...	...	3	4.58	8.65
Total				16	4.82	8.85

Adulterated Samples

VD.187	Apple juice	...	Informal	Deficient to the extent of 7.3 mg. of vitamin C per fluid ounce.
VD.188	Apple juice	...	"	Deficient to the extent of 6.8 mg. of vitamin C per fluid ounce.
VD.189	Pork sausages	...	"	Contained undeclared preservative.
VD.192	Beef sausages	...	"	Contained undeclared preservative.
WD.36	Canned tomato purée	...	"	Contained 830 parts per million of tin in excess of the recommended maximum for canned foods.
XD.3	Almond paste	...	Formal	50 per cent deficient in ground almonds.
XD.36	Pork sausages	...	Informal	17 per cent deficient in meat.
XD.52	Luncheon meat	...	"	20 per cent deficient in meat.
XD.63	Essence of Rennet	...	"	Contained 0.04 per cent of boric acid—a non-permitted preservative.
XD.64	Pork sausages	...	"	12.8 per cent deficient in meat.
XD.80	Farmhouse butter	...	"	Contained 18.5 per cent of water. The maximum permissible amount is 16 per cent.
XD.94	Milk bread	...	"	Contained no lactose and hence not a milk bread.
YD.19	Zinc & castor oil ointment	...	"	Contained zinc oxide 11.3 per cent in excess of the B.P. requirements
YD.49	Barley sugar with halibut oil & glucose	...	Formal	Contained no Halibut Oil.
YD.142	Rose hip syrup	...	Informal	Contained only 128 mg. of Vitamin C against a declared 200 mgm.
ZD.87	Salad cream	...	"	Deficient in egg yolk solids to the extent of 9.6 per cent.
VD.311	Lemon cheese	...	"	Only 0.1 per cent of fat. Minimum requirement 4 per cent. Correspondence with manufacturers.
VD.337	Tomato purée	...	"	Excess of tin 300 p.p.m.
VD.453	Tomato purée	...	"	Tin 380 p.p.m.
YD.239	Blackcurrant Health Drink	...	"	Deficient in Vitamin C. Contained 13 mgms. instead of 20 mgms. Vitamin C per fluid ounce as declared.
YD.253	Tincture of iodine	...	"	44 per cent deficient in iodine and 28 per cent excess of potassium iodide.
YD.254	Tincture of iodine	...	"	32 per cent excess of potassium iodide.
YD.256	Tincture of iodine	...	"	18 per cent excess of iodine.
YD.259	Tincture of iodine	...	"	20 per cent excess of potassium iodide.
ZD.197	Vitaminised apple juice	...	"	6 mgm. per 100 ml. deficient in Vitamin C.
ZD.207	Vitaminised apple juice	...	"	6 mgm. per 100 ml. deficient in Vitamin C. Amendment to labelling secured.

Adulterated Samples

YD.397	Halibut liver oil capsules B.P. (dated September, '56)	„	940 International Units of Vitamin A per capsule. B.P. requires 3,750 to 5,250 units per capsule. Letter to retailer on storage.
YD.398	Halibut liver oil capsules B.P. (dated January, '58) ...	„	2,220 International Units of Vitamin A per capsule. B.P. requires 3,750 to 5,250 units per capsule. Letter to retailer on storage.
YD.399	Halibut liver oil capsules B.P. (dated December, '56)	„	930 International Units of Vitamin A per capsule. B.P. requires 3,750 to 5,250 units capsule. Letter to retailer on storage.
YD.435	Tincture of iodine	„	Contained excess of both iodine and potassium iodide. Stock withdrawn.
ZD.299	Blackcurrant syrup	„	Contained only 13.3 milligrams of Vitamin C per fluid ounce against a declared figure of 20 milligrams Repeat samples satisfactory.
YD.604	Foot paste ...	„	Contained considerable excess of salicylic acid and consequent deficiency of Petroleum Jelly.
YD.605	Castor oil B.P. ...	„	High acid value.
XD.459	Violet colouring	„	Contained a non-permitted colouring.

Comment on other foods

Of some 162 other foods worthy of mention the following are selected as of interest or representing current conditions. Thus 52 colourings of random selection were all found to contain permitted colours and 32 samples of confectionery including rock also contained only permitted colours. This latter survey was the result of finding rhodamine B in rock confectionery in another part of the country.

Chloro yeast tonic tablets were found to be of old stock, uncoded and with the main constituents low compared with the declared formula. This problem was most satisfactorily resolved when the managing director of the company called at the laboratory and after a very frank discussion this director undertook to code the product and, perhaps more important, agreed to arrange for regular analytical control by a consultant analyst. On further sampling within a few months coding was evident and the analytical findings and declared analysis agreed very well.

Two samples of cochineal proved to be the permitted colour carmoisine rather than true cochineal.

Another amicable exchange of correspondence with the manufactures of a butterfudge brought a change of description. The article contained nearly 19 per cent of total fat of which half was butterfat. The labelling included the words "made with butter" which the manufacturers agreed to change to "contains pure butter."

In the third "summer" quarter a survey was made of some 15 so called soft ice-creams in respect of chemical composition. All these samples complied with the requirements of the Ice Cream Order. This soft ice cream was a well aerated product probably popular with children as representing good value for money. The article was sold from a vehicle and at one junc-

ture it looked a good bet for the wide boys. Apart from possible "dilution" of composition the more sinister aspect was the lack of bacteriological control and the inability of local authorities to get these fast moving vendors under control as a "shop." The situation is being carefully watched and any renewal of the trade in the summer months of 1963 may present vendors with greater problems and responsibilities than hitherto.

A number of sun tan creams, oils and lotions were checked for efficiency in percentage transmission of light for a range of ultra violet wavelengths. A comparison was thus possible in that the lower the percentage transmission the greater the efficiency as a protective against the sunlight.

As a result of considerable agitation arising from proposals to add fluorine to water supplies throughout the country it was thought worthwhile to examine samples of tea for fluorine content. Surprisingly it was found that Indian, China and Ceylon and some blended teas all averaged about 100 p.p.m. of fluorine in the tea of which between 75 and 95 per cent appeared in the infusion of tea prepared in the normal fashion. On the face of it therefore it might appear somewhat fatuous to argue on the merits or otherwise of 1 p.p.m. fluorine in a drinking water. However this same point has been made elsewhere and whilst we are known as a nation of tea drinkers it would appear that the fluorine contribution from tea is in fact only a small part of the amount we derive from water taken daily in many other forms.

A sample of a so called Slimmers Sugar was found to contain 99 per cent of sucrose and 1 per cent of saccharin. At a price of 1/9d. per 6 ounce packet this is a somewhat expensive way of purchasing what is essentially sugar. The slimming difference between 99 and 100 per cent can have little if any significance.

Two samples of milk loaves gave no evidence of lactose and subsequent investigation indicated a very hazy knowledge from assistants selling such bread. It seemed to be a case of "we used to sell milk bread and we really thought the bakers still made this bread." To some extent assistants are fooled by the shape of the loaf. Undertakings were given that assistants would be "educated" further in bread sales.

PART II. FERTILISERS AND FEEDING STUFFS ACT

Table 4—Summary of samples examined

				<i>Formal</i>	<i>Informal</i>	<i>Comment on Irregularity</i>
Bristol—						
Feeding Stuffs	...	...	...	10	7	2
Fertilisers	...	...	...	22	73	8
Avonmouth—						
Feeding Stuffs	...	...	...	123	—	19

Nineteen of 123 Feeding Stuffs from Avonmouth Dock required comment on irregularities. Of these 19 samples 4 were deficient in protein, one had an excess of protein, 7 had excess of oil and 6 were deficient in oil and one sample was found to be not a true Feeding Stuff within the meaning of the Act.

Of 17 Feeding Stuffs taken in the City only two were irregular, one with a low oil and one with a high oil and low protein.

Of 95 Fertilisers taken in the City, eight required comment as follows:—Three showed some reversion of phosphate, one had excess of both soluble and insoluble phosphate, one had an excess of nitrogen and 2 had an excess of phosphate, whilst one sample was not a true fertiliser within the meaning of the Act.

PART III WATER AND SEWAGE ANALYSES

Table 5—Bristol

City water from tap at Canynge Hall ...	...	...	27
City water from pumping station, Jubilee Road ...	...	...	12
Downend and Frenchay Hospital (B.W.W. supply) ...	...	...	22
Docks and Ships in Port ...	...	...	10
Mains supply (Private houses) ...	...	...	6
Council House (Heating system) ...	...	...	26
Streams, springs and well ...	...	...	10
Seepage ...	...	...	7
Swimming Baths ...	...	...	119
Miscellaneous ...	...	...	5
			<hr/> 244

All the samples of water from the public supply were chemically satisfactory.

The samples from the Council House heating system were satisfactory in regard of dissolved oxygen and residual sulphite figures.

Table 6

Bristol Waterworks Supply

	<i>Tap at Canynge Hall</i>	<i>Tap at Jubilee Road</i>	<i>Tap at Downend Homes</i>	<i>Tap at Frenchay Hospital</i>
No. of samples ...	27	12	11	11
<i>Range of Variation (Parts per million)</i>				
Total solids ...	188–292	180–219	187–370	204–407
Chlorine as Chloride ...	11–15	14–17	15–41	14–46
Nitrate Nitrogen ...	0·30–2·00	0·13–1·91	0·22–1·70	0·17–1·66
Total hardness ...	150–256	120–184	124–212	152–240
Permanent hardness ...	37–65	47–67	43–63	41–57

A few years ago it would have been possible from chemical analysis of the water to have identified the area of the sampling point and hence the source of the water. Admixture of several sources has made this impossible and it is now only possible to record the range of variation of the principal constituents at the four sampling points.

*Report of the Field Officer**Bristol—Chlorination Section*

The City Engineer's Chlorination team, composed of six regular men with seasonal additions, are under the supervision of the Field Officer for all technical aspects of their duties.

An additional temporary river treatment station was set up near Netham Weir, and was operational as required during August and September. Although no definite date could be obtained, it is recommended that the experiment be tried again in 1963 with an improved water supply.

A total of 240 tons of chlorine was used in the season.

Almost at the end of the season at Feeder Road, considerable trouble developed with an oily deposit forming in the pipework and fittings of this high capacity plant.

At about 4.30 a.m. on a very still morning a small quantity of Chlorine escaped through the relief valve, and the operator on duty became slightly gassed. This man is one of the most experienced and cautious in the team—

he is an ex-fire brigade member and his actions in the emergency were entirely praiseworthy. This occurrence emphasises the need for careful selection and continual vigilance of all concerned.

The chlorination team are also responsible for the disposal of oily and toxic wastes from various traders, and for the maintenance of the sewage ejector plant at Lawrence Weston.

The team have also been active in the emergency chlorination and purification of sewage polluted streams and of Eastville Park Lake.

The Officer has assisted in consultations with the Port Engineers concerning the bulk handling and storing of heavy chemicals.

On behalf of the Education Officer, a full investigation of the water supply problems at Croydon Hall School has been undertaken, the chlorinator there has been re-established and a start made in solving the complicated problems of obtaining the public supply, and of releasing the Education Officer from being responsible for a very unreliable water supply to some half dozen farms !

Also, at Croydon Hall, the sewage plant was found to be totally inadequate and a design for a completely new purification works has been carried through in co-operation with the City Architect.

Gloucester County

Field work for the County continues to increase. Several school swimming pools received attention during the season.

Considerable advisory and practical work has been undertaken on school sewage purification plants, including the design of new works in co-operation with the architects responsible.

An unusual assignment was the collection and disposal of 38 gallons of arsenic solution, the property of a bankrupt agricultural merchant.

Other work carried out included an investigation into oil pollution of a public water supply, the assessment of possible pollution of a stream by effluent from a refuse tip, and the examination of a factory canteen tea dispensing machine which delivered bright green liquid instead of the usual amber coloured fluid.

PART IV. RAG FLOCK ACT

Twenty-six samples were taken informally and examined microscopically and hence as necessary in accordance with the 1913 Regulations. Only one sample RF.14 received adverse comment. It contained 9 parts per 100,000 of chloride in excess of the maximum requirement.

PART V. PHARMACY AND POISONS ACT

Eighty-eight samples were examined for active constituents and with close attention of labelling details. The following are among the more interesting articles.

A grease remover contained nearly 9 per cent of sodium hydroxide and 20 per cent of sodium carbonate. The product was adequately labelled and carried a particularly interesting cautionary note on non-use on aluminium surfaces. This recalls a serious explosion due to hydrogen in a similar sample examined in the laboratory some years ago. Traces of aluminium actually in the grease remover were thought to have been derived from an old paint brush used to spread an aluminium paint.

A weed killer contained 19 per cent of sodium chlorate and 81 per cent

of sand, whilst a slug killer contained 17·6 per cent of ammonium alum with the remainder sand.

An insecticide containing 0·95 per cent of fluoracetamide against a declared 1·0 per cent. Fluoracetamide is a Part II poison requiring among other things the name and address of the seller on the container which this sample did not carry.

A kettle descaling liquid contained 83·4 per cent phosphoric acid against a declared 84 per cent. The labelling was adequate but regrettably at the moment there is no control over the sale of strong solutions of phosphoric acid as there is for formic acid used for the same purpose.

A number of aerosol preparations have been examined during the year. These have a wide variety of users and purposes e.g. as a Christmas Tree decorative spray, as fly killers, oven cleaner, lacquer spray and spot remover.

Certain of these preparations contained Freon II and similar compounds. These compounds are widely used as refrigerants and as aerosol propellants. They are fairly innocuous unless used in confined spaces when it is possible in say a kitchen for highly toxic fumes of fluorides to be evolved if such compounds became heated to decomposition.

The Christmas Snow preparation contained methylene chloride and again under confined kitchen conditions there is the possibility of the production of phosgene of the order of 5 parts per million.

I had some correspondence with the Home Office on these products and finally early in 1963 was informed "That with the question of printing warnings on aerosol containers to indicate the extent to which the contents are dangerous it is hoped that if as is anticipated, the proposed British Standard deals with cautionary labelling, this will lead to uniformity of action on the part of manufacturers of aerosol preparations. The possible need for statutory regulations on this subject will, however, be considered in the light of subsequent developments following the publication of this Standard."

In keeping my Committee informed of these matters I was requested to examine also certain Hair Lacquer Sprays. Most of these were preparations of 5 to 10 per cent lacquer in ethyl alcohol. Some preparations warned on the inflammable nature. Little or no comment was made concerning the effects of the finely divided lacquer over prolonged periods of exposure in hairdressing establishments. This problem was also taken up with the Home Office and questions were asked in the House on 31st January, 1963, to which the Parliamentary Under Secretary of State replied "that the Medical Research Council is conducting an investigation into the possible risk to health resulting from the use of these sprays in hairdressing establishments. The need for any action to protect the public will be considered in the light of the Council's findings."

Two samples of Ball Pen Ink Stain Remover were found to be respectively n-propyl alcohol and a 50/50 mixture of this alcohol and 2 ethoxyethanol.

PART VI. MISCELLANEOUS ANALYSES

Table 7

General

1.	City of Bristol	...	...	...	...	...	157
2.	Biochemical and Toxicological	...	...	...	...	...	53
3.	Foreign bodies, insects and infestation	...	...	...	...	...	62
4.	Gloucester County	...	...	...	...	...	65
5.	Education	...	...	...	...	...	32
6.	City Engineer	...	...	...	...	...	65
7.	Town Clerk	...	...	...	...	...	3
8.	Port Health	...	...	...	...	...	1,011
9.	Public Health Inspector's samples	...	...	...	...	...	39
10.	Port of Bristol...	...	...	...	...	...	7
11.	Transport and Cleansing	...	...	...	...	...	1
12.	Horticultural	...	...	...	...	...	1
13.	Gloucester City	...	...	...	...	...	1
							<hr/> 1,497
	Smoke Recordings (City)	...	...	...	...	...	551
	" " (Port Authority)	...	...	...	...	...	556
	" " (Miscellaneous)	...	...	...	...	...	1,442
							<hr/> 2,549

1. City and County of Bristol—General Examinations

The 157 specimens from various sources included items essentially for laboratory information.

Comments are made upon a few of the more interesting specimens.

Examinations of goose droppings continued on behalf of the Wildfowl Trust, Slimbridge, and several interesting discussions upon the findings were conducted with Dr. Kear who has charge of the investigation.

A sample of whiskey examined for a private complainant was found to contain only 21 per cent of proof spirit ! This remarkable specimen had been sold from the bar of a restaurant car and the matter was reported to the Transport Commission by the complainant who we are afraid got very little further satisfaction. The matter raised some interesting points on formal sampling of such articles during the progress of the train and we eventually considered that the County Inspectors could cope with the problem during the time the train was within the County. In the event no further action was taken and we understand that the complainant was given a letter of apology and thanks for the information. It is our belief that there may have been early and similar complaints and that the Transport Commission were in fact biding their time in an attempt to catch the offenders "redhanded." At only 21 per cent proof spirit some-one was making a very handsome profit but perhaps over-doing things just a little !

A private complainant submitted a sample of "Stop you Smoking" tablets. These proved to contain nearly 70 per cent of exsiccated ferrous sulphate with 13 per cent of lactose, some alum and gum. The intention, of course, is to create such a foul taste in the mouth that one loses all desire to smoke. The fact that one likewise loses the taste for food is incidental and accidental as far as the manufacturer is concerned. One could only sympathise with the complainant and point out that most such preparations were of a similar character and that really "will power" was probably the best and certainly cheapest remedy.

A large meat organisation made proposals to sale specially tenderised meat within the City, and after discussions with the Company's representatives

we could see little in the process which could be construed as any danger to health and the main issue was that the public should be appropriately advised of such treated meat so that they could accept or reject the product as they wished. The Company fully intended to advertise the meat so treated and there would be a small charge over and above untreated meat. The essence of the tenderising process was the injection of papain into the beast just before slaughter. Papain is not detectable post mortem but it is understood that the enzyme attacks the tyrosine linkage of the meat protein and the disruption causes the tenderising. Control is, therefore, based on the determination of tyrosine levels in the meat. In the course of very limited experiments, we were not very successful with the method for tyrosine in meat, although tyrosine controls worked well. Papain is a proteolytic enzyme occurring as a white or light brown amorphous powder and is prepared from the juice of the papain, the unripe fruit of *Carica Papaya*. The papaw fruit, fresh and divested of its seeds, in shape like a vegetable marrow, is a refreshing desert fruit, with a flavour something like a melon.

There was certainly no doubt that the papain produced the desired effect on the meat submitted to us. Apart from some preliminary attempts to determine tyrosine levels in two samples supplied we have not pursued the matter further. The City Meat Inspector informs me that only one butcher in this City is selling such meat in small quantities. This is a Scotch beef which comes to him direct from Scotland. The meat is not treated in the City.

Several samples of water, a tea, a tea infusion and the cups used to dispense the tea were submitted from a canteen with a complaint re colour of the tea. This was due to copper resulting from the use of softened water in the urn used to prepare the tea.

A water from a G.P.O. telephone sump was found to contain benzene and hydrocarbons suggesting that the liquid was probably derived from a garage using cellulose thinners.

A rat poison consisted of 80 per cent flour base with 20 per cent of calcium sulphate.

A sample of haricot beans developed a most offensive smell on soaking in water caused by protein breakdown within the beans due to the age of the sample.

The bitter taste of a cooked marrow was in all probability due to immaturity of the vegetable coupled with the fact that somewhat unusually it had been cooked whole.

A petrol sold as fuel for a two stroke engine which had virtually "burnt out" was found to contain 65 parts of petrol to 1 part oil instead of the 20 to 1 mixture recommended for the type of engine.

A French honey with the somewhat unprepossessing appearance of a thick grease was in fact a typical ling honey of pronounced and characteristic flavour which would certainly not suit all palates.

2. *Biochemical and Toxicological*

The majority of the 53 specimens were blood or urine samples for lead content. These specimens were submitted principally by Regional Hospitals.

7 bloods contained excessive lead

6 urines contained excess lead

A specimen of hair and nail clippings were both free from arsenic.

A deposit from a floor proved to be zinc phosphide admixed with malt extract.

Several specimens including tissue from the thigh, screw, pin and plate were examined for titanium. This problem is referred to in Part X Spectroscopy.

3. *Foreign Bodies in Foodstuffs including Infestation and Identification of Insects*

Sixty-two specimens were examined and are listed in full to show once again the extraordinary variety of objects that can find their way into foods.

Lab. No.	Article				Comment
M.11	Meat paste	...	...	...	Discolouration on surface of paste due to traces of iron.
M.14	Canned apricots	...	...	...	Several white strands with elastic properties shown to be portion of sealing compound used in canning processes.
M.20	Loaf	...	...	...	Marks throughout the loaf due to thin films of dirty grease possibly from bakery machinery.
M.21	Bread roll	...	...	...	Contained a small portion of dirty dough.
M.38	Loaf	...	...	...	Contained a portion of soiled dough.
M.42	Cake	...	...	...	Contained a portion of charred starchy material.
M.48	Foreign matter in frozen peas	...	...	...	Vegetable debris including fibres and husk.
M.66	Wire in bread	...	...	...	Two small pieces of iron wire both corroded and probably cooked in the loaf.
M.71	Foreign body in chocolate éclair	...	...	...	Foreign matter was a soiled grain of wheat.
M.82	Fish cake	...	...	...	Contained charred and partially gelatinised portions of potato.
M.89	Canned luncheon meat	...	...	...	Contained a curved fragment of iron some $\frac{3}{4}$ inch long.
M.94	Walnuts	...	...	...	Some infestation by moths. Webbing and excreta present.
M.96	Piece of loaf	...	...	...	Foreign matter was the femur and tibia of a species of cockroach.
M.102	Rolled oats	...	...	...	Some infestation with <i>Ephestia</i> moth.
M.107	Infant foods	...	...	...	5 Insects present—one golden spider beetle and four of stegobium.
M.108	Bread	...	...	...	Contained a portion of soiled dough.
M.109	New Zealand butter	...	...	...	Streaked with traces of a graphitic grease.
M.114	Bottle of school milk	...	...	...	Several small fragments of glass.
M.115	Flies	...	...	...	Identified as Cluster flies.
M.121	Insects	...	...	...	Identified as <i>Attagenus Pellio</i> .
M.125	Cheese	...	...	...	Foreign body was a piece of solder.
M.126	Beef curry	...	...	...	Dark specks were shown to be vegetable structures due to spices and seasoning.
M.132	Plush Nuggets	...	...	...	Foreign matter consisted of fragments of wood.
M.137	Pieces of bread	...	...	...	Foreign matter was a portion of soiled dough.
M.139	Part of ham roll	...	...	...	Contained a fragment of glass.
M.160	Packet of frozen peas	...	...	...	Contained a small slug.
M.163	Bread crumbs	...	...	...	Contained fragments of soiled bread.
M.190	Garibaldi biscuits	...	...	...	No live insects but webbing present. The currants were eaten out and this suggested the currant moth rather than the flour moth.
M.193	Cottage pie & chips	...	...	...	The maggot in this sample was the blow fly larva.
M.197	Insects	...	...	...	Identified as Harvest mites.
M.219	Insects	...	...	...	Fragments of a small unidentified moth.
M.227	Bacon	...	...	...	Foreign body was an insect—the Rove Beetle.
M.239	Portion of loaf	...	...	...	Foreign matter was soiled dough.
M.243	Cornflakes	...	...	...	Foreign matter was a soiled portion of the maize pulp from which the flakes were made.

M.249	Insect	...	...	...	Identified as the Yellow Meal Worm— <i>Tenebrio molitor</i> .
M.250	Bread roll	...	...	...	Contained a badly mutilated insect probably of the <i>Tribolium</i> species.
M.266	Worm	...	...	...	The specimen was an immature earthworm.
M.267	Bun	...	...	...	Foreign body was a small nail.
M.270	Tin of corned beef	...	...	...	Foreign matter was portion of hide showing the coarse body fibres of the cow.
M.273	Bread	...	...	...	Foreign body was portion of the dark meal worm <i>Tenebrio obscurus</i> .
M.274	Bread	...	...	...	Foreign matter was very probably a stray fragment of chocolate cake or similar product.
M.277	Canned tomatoes	...	...	...	Foreign matter was insect larva probably of the moth family.
M.281	Loaf of bread	...	...	...	Foreign matter was a fragment of glass.
M.284	Bread	...	...	...	Foreign matter was a bundle of cotton fibres in the form of a strand about 1 inch long. The fibres were contaminated with mineral oil.
M.323	Blackcurrant & apple pie	...	...	...	No evidence of mould growth.
M.343	Portion of corned beef	...	...	...	"Foreign matter" were gristly cartilaginous portions of soiled meat.
M.348	Dried apricots	...	...	...	Contained several small brown ants.
M.355	Loaf	...	...	...	No evidence of foreign bodies.
M.356	Bread	...	...	...	Fragment of metal consisting of iron and zinc.
M.357	Cornflakes	...	...	...	Dark fragments were scorched flakes.
M.360	Bread	...	...	...	Dough contaminated with traces of mineral oil.
M.366	Bread	...	...	...	Contained the front portion of an immature moth and a fragment of soiled dough.
M.367	Bread	...	...	...	Contained a portion of soiled dough.
M.369	Sliced loaf	...	...	...	Contained a portion of a rubber tipped pencil.
M.382	Unopened bottle of milk	...	...	...	Marks on the inner surface of the bottle probably due to a "sparkler" firework placed in the bottle after ignition.
M.396	Dates	...	...	...	Oily paraffin-like odour confirmed.
M.400	Currants	...	...	...	Infested with webbing excreta of moth (<i>Ephestia</i>).
M.412	Pastry	...	...	...	Contained a portion of charred dough.
M.413	Bread	...	...	...	Contained a fragment of soiled dough.
M.433	Crispbread	...	...	...	Showed evidence of insect attack of <i>Ephestia</i> .
M.443	Part of loaf of bread	...	...	...	Contained portion of soiled dough.
M.447	Bottle of milk	...	...	...	Contained mould growth and vegetable debris.

4. Gloucester County

The 65 samples for the County are detailed in the County Report, Part VII.

5. Education Department

The 32 samples submitted were mainly contract samples and included toilet and hard soap, soap flakes and powder, a floor sealing preparation, disinfectants, floor cleaners, waxes and polishes.

6. City Engineer's Department

The 65 samples consisted of specimens of mortar, brick, road sweepings, soils, hardcore, effluents, metal and waters. In fact the usual run of samples with nothing outstanding to comment upon.

7. Town Clerk's Department

Three specimens submitted were paint work and stone work scrapings and a descaling fluid.

8. *Port Health Office*

"Port" samples continue to increase and this year amounted to a total of 1,011 against 853 in 1961 and 714 in 1960. The bulk of the items from all parts of the world consisted as usual of canned goods.

Early in the year we dealt with some 150 samples of corned beef following up samples earlier found to contain excessive amounts of lead. Of these 150 samples 45 only had less than 10 p.p.m. of lead as required by the 1961 Regulations. The remainder contained variable amounts of lead from 10 to 100 p.p.m. with visible metal fragments in several samples. The manufacturers took a similar number of samples and confirmed our findings. The trouble arose at the packing end in the Argentine where the can manufacturing process was at fault in conveying by brush wiping of the seams of the can, actual lead (solder) to successive cans. Several thousands of cans were surrendered for destruction. The manufacturers corrected the fault at the packing end and subsequent checks proved satisfactory.

Two samples of beef powder also from the Argentine were found to consist wholly of beef. The moisture contents were of the order of 5 per cent with 8 per cent of fat and 85 per cent of protein.

A specimen of chrome ironstone with traces of other metals as impurities was stated to be contaminating flour. It would be extremely difficult, if not impracticable, to "clean up" flour so contaminated.

Several samples of Hungarian jams, apricot, strawberry and raspberry which in recent years had occasionally shown soluble solids of less than 65 per cent, several around the 60-62 level, were now much improved and of satisfactory composition.

Chocolate designated as Rum and Cognac respectively and ex Switzerland were found to contain sufficient alcohol to warrant the description. For a time such articles could only be sold from licensed premises. Subject to certain provisions this requirement has now been relaxed.

Samples of coffee beans were examined for residual cyanide which in fact was absent, after a suspicion had arisen that the beans had been fumigated with cyanide gas.

Three insects were identified as the Rhinoceros beetle, a centipede and an Australian cockroach.

Recent samples of excellent canned pie fillings were now free from benzoic acid which had been present in similar products a year or so ago. These fillings were of Canadian origin and the authorities as promised have duly noted the British Preservative Regulations.

A baking tin grease emulsion was essentially an emulsion of oil in water. The emulsifier was some 0.7 per cent of lecithin.

Two specimens of wheat were shown to be badly affected by sea water. Indeed the excess water was equivalent to half strength sea water calculated from the salt content. The wheat protein had broken down to give a very unpleasant cheese-like smell rendering the wheat unfit for human or animal feeding.

A number of samples of canned tomatoes of Italian origin gave lead figures a little above the statutory requirement. The tin figures were mostly of the order of 20 to 60 p.p.m. with a few samples between 100 and 200 p.p.m. In several instances the lacquering had broken down and several cans were leaking and hence of short weight. Considerable sorting of the consignment was necessary.

A Baking shine consisted of a mixture of protein, essentially egg albumen with a soft fat in about equal proportions. As the name implied the article was intended to give a "shine" or glazed surface to bakery products.

Eighteen samples of orange oil were found to be of satisfactory composition and in particular free from rancidity and sea water damage.

9. *Public Health Inspector's Samples*

The 39 specimens included fruit salad, cooked ham, insects, fleas, sausages, pies and pasties, fruit juices, an anticoagulant preparation, chipped potatoes.

A sample of meat "chuck steak" contained a portion of a half smoked cigarette with a suspected lipstick stain at the mouth end of the cigarette. The stain proved to be blood and not lipstick. A prosecution was instituted but after a day long hearing involving some conflicting evidence from kitchen staff employed at the establishment receiving the meat, the case was dismissed.

Samples of canned fruit drink were interesting as indicating an exception to the general rule that "blown" cans indicate that the contents are unsound. The drink was prepared from carbonated water and sweetened orange concentrate. The mixture was then pasteurised in the closed can. This caused a build-up of pressure of the order of 16 lb. per square inch and even up to 20 lb. per square inch when doming of the can became apparent. The contents were, however, sound and free from fermentation.

An anticoagulant preparation consisted of ortho and metaphosphates. Polyphosphates are known to assist water retention in sausage manufacture. Their use as anticoagulants is relatively new for the treatment of blood and the manufacture of blood plasma.

A specimen of flies was identified as *Chlorops*, a small fly parasitic on grasses and cereals. They tend to swarm in autumn but do not attack humans.

In the third quarter six specimens of insects were submitted and identified as meal worms, moths, wood lice, furniture beetles, *stegobium* and *ptinus tectus* and a further five specimens in the fourth quarter included also *ptinus tectus*, *attagenus pellio* and a house moth.

10. *Port of Bristol Authority*

The seven specimens included two deposits, one chemical and 4 locomotive engine oils which were examined for traces of ethylene glycol.

11, 12 and 13

The Transport and Cleasing Department required only one examination of a cooling fluid from an internal combustion engine. The Horticultural Department were assisted with the examination of a soil from a bowling green. The one miscellaneous sample from Gloucester City was a carton of milk. The milk was very sour and suggested prolonged storage in the vending machine.

PART VII. REPORT ON WORK FOR THE COUNTY OF GLOUCESTER

This is the eleventh annual report on the analytical services provided for the County in accordance with the agreement of 1951 which was primarily concerned with work under the *Food and Drugs Act* and the *Fertilisers and Feeding Stuffs Act*. There is, however, a considerable volume of work besides this relating to waters, sewage and swimming bath, atmospheric pollution problems and consultative work on water and chlorination problems.

Table 8—Summary of Examinations

Milks	...	...	...	...	...	839
Food and Drugs	...	...	...	...	...	632
Waters and Swimming Baths	...	...	...	...	...	173
Fertilisers and Feeding Stuffs	...	...	...	...	...	81
Miscellaneous	...	...	...	...	...	65
						1,790
Atmospheric Pollution—						
Lead peroxide	...	...	...	...	...	36
Deposit gauges	...	...	...	...	...	36
Spectrophotometric Analyses	...	...	...	...	...	76
Chlorination visits and inspections	...	...	...	...	...	103
						251
Grand Total						2,041

There is an all-over increase of more than 100 examinations over 1961 made up primarily of increased food and drug work—fifty more milks and 100 more foods, 25 more water samples and 7 more fertilisers and feeding stuffs. There was a significant fall in the work on monthly lead peroxide and deposit gauge examinations due to the fact that both the Stroud and Dursley authorities have changed to continuous daily smoke and sulphur dioxide apparatus. The Department has now only to check smoke stains. The one site at Stroud has involved 261 check observations, whilst the two sites at Dursley required 347 checks, that is a total of 608 days of observations.

Spectrographic analyses and chlorination visits and inspection figures are both lower than in 1961 but still of the same order of about 100 in each case.

Table 9—Summary of Milk Analyses

Total milks	...	...	...	...	...	839
Fat deficient	...	...	...	...	...	26
Added water	...	...	...	...	...	10
Fat deficient and added water	...	...	...	...	...	Nil
Abnormal solids-not-fat	...	...	...	...	...	24
Poor quality—just less than 3.0 per cent	...	...	...	...	...	5
Suspicious low S.N.F. and freezing point	...	...	...	...	...	7
Channel Island satisfactory	...	...	...	...	...	177
Channel Island unsatisfactory	...	...	...	...	...	7
Channel Island poor quality	...	...	...	...	...	2
Formal milks	...	...	...	...	...	483
M.M.B. contract	...	...	...	...	...	31
M.M.B. contract poor quality	...	...	...	...	...	1
M.M.B. contract solids-not-fat	...	...	...	...	...	Nil
M.M.B. added water	...	...	...	...	...	1
Appeal to cow	...	...	...	...	...	Nil

Thus of the total of 839 samples of which 483 were taken formally, only 24 were abnormal in respect of solids-not-fat, that is they gave solids-not-fat figures less than 8.5 per cent but the freezing point depression did not indicate added water.

Of 177 Channel Island samples, seven were fat deficient and two were returned as of poor quality. This is a reasonably satisfactory position for a quality milk.

Of 662 ordinary milks, 26 were fat deficient and 10 contained added water. Eight of these watered milks were from one supplier who was in similar trouble twelve months ago. The present deficiencies resulted in a fine of £40.

The Milk Marketing Board (M.M.B.) Contract samples comprise milks delivered to schools. Only one sample of 31 taken was adulterated in that it contained added water. One other sample was of poor quality being just less than 3 per cent of fat. This also is a satisfactory state of affairs.

Adulteration and otherwise irregular samples other than milks

C.3921	Halibut Liver Oil Capsules	Informal	Contained only 3,300 international units of Vitamin A per capsule.
C.3923	Halibut Liver Oil Capsules	Informal	Contained only 3,250 international units of Vitamin A per capsule.
C.3978	Halibut Liver Oil Capsules	Formal	Contained only 2,150 international units of Vitamin A per capsule.
C.3988	Halibut Liver Oil Capsules	Formal	Contained only 2,750 international units of Vitamin A per capsule.
C.3997	Halibut Liver Oil Capsules	Formal	Contained only 3,100 international units of Vitamin A per capsule.
C.4007	Halibut Liver Oil Capsules	Formal	Contained only 3,200 international units of Vitamin A per capsule.

These capsules were all stated to contain 4,500 International units of Vitamin A per capsule. Some were stated to be of B.P. quality in which case the limits of variation are 3,750 to 5,250 International Units of Vitamin A per capsule.

The International Unit of Vitamin A activity is the activity of 0.3 microgram of Vitamin A alcohol. This means that 1 gram of pure Vitamin A contains 3,333,000 International units.

The B.P. (British Pharmacopoeia) requires also that Halibut Liver Oil Capsules should be protected from light and stored in a cool place. When stored under these conditions they may be expected to retain their potency for at least three years after the date of preparation. Labelling provisions require on the container or the package a statement of the date of preparation.

B.4274	Tincture of Iodine	...	Informal	Contained an excess of both iodine and potassium iodide.
C.4201	Dairy Ice Cream	...	Formal	Contained not more than 1.7% milk fat and hence does not warrant the description "Dairy".
C.4404	Marzipan	...	Formal	Only 10% of nut calculated as ground almonds.

Comment on other Food and Drugs showing points of interest

B.4011 Fruit Bon-Bons, informal. This sample contained several coloured sweets and for the most part were permitted colourings only. One

colouring present in trace amounts could not be satisfactorily identified and a further sample was requested.

- C.3955 Hamburger Relish, informal. This sample of Canadian origin was stated to contain a small amount of alum and 0.6% of potash alum was found. Alum is not permitted in foodstuffs in this country. The matter was earlier taken up with the importers by the Port Health Authority in Bristol and it is hoped that in future alum will be excluded from such articles imported into this country. Its use in this type of article is not clear but alum is possibly necessary in processing some of the vegetables included in the relish.
- C.3954 Chicken-Mushroom Hi-lights, informal. This article contained probably not more than 14.3% of combined chicken and mushroom with 34% of fat and 52% of starch. It was first thought that perhaps 14% of chicken plus mushroom hardly warranted the stress laid on these articles in the description of product. On further thought and having regard to the relative importance of the product which was essentially a delicacy probably intended for consumption with a drink, it was considered that one would not expect much chicken and mushroom. It was felt that the matter could not be pursued further with any confident hope of changing the description.

Continuing examinations of the meat contents of pies those taken during the quarter included:—

A.3897	Pork pie	...	...	...	24% meat
A.3930	Steak and kidney pie	...	...	...	21% meat
A.3983	Pork pie	...	...	...	37% meat

Two dairy cream ices proved to be of satisfactory fat content and the fat present was entirely milk fat as required by the Ice Cream Regulations.

One coffee and chicory essence was returned as of poor quality in that it contained only 0.235 per cent of caffeine instead of the minimum of 0.25 per cent required by Regulations.

A cochineal substitute proved to be a mixture of two permitted colourings carmoisine and sunset yellow FCF.

A sample of Pork sausage B.4199, formal, contained only 62.5% of meat and was returned as of poor quality. The majority of pork sausages examined contain certainly not less than 65% meat.

C.4087, Butter with foreign body which was found to be a portion of glass 7/10 in. long by $\frac{1}{2}$ in. wide and weighing 0.7 gm.

C.4104 Instant coffee. This article was correctly described as 97% caffeine free. This method of expression indicating a reduced quantity of caffeine is perhaps preferable to the description decaffeinated as sometimes applied to this type of product.

C.4110 butter drops. The fat content of these sweets was most erratic within individual units and varied from 1 to nearly 5 per cent. Further samples were called for which proved similar. This rather suggested a few odd sweets from some previous consignment.

C.4124 Blue Food Colour contained a permitted colour—blue VRS.

C.4129 Sweet containing a foreign body which proved to be a small piece of metal weighing only one milligram. Spectrographic analysis indicated that the metal was probably a portion of a manganese steel such as might be used in a cutting knife in the manufacture of the sweets.

The meat products including pies and sausages were found to be of generally satisfactory meat content. The following are the results of examination of sausages.

A.4027	Pork	...	...	Formal	71	per cent meat
A.4028	Beef	...	...	"	60	" " "
B.4231	"	...	...	"	61	" " "
B.4232	Pork sausage meat			"	76	" " "
B.4233	Beef	...	...	"	61	" " "
B.4307	"	...	...	"	58	" " "
B.4333	"	...	...	"	53	" " "
B.4352	Pork Chipolata	...		"	71	" " "

The pies had the following composition:—

A.4032	Pork	...	...	Informal	31	per cent meat
A.4051	Steak and kidney				29	" " "
A.4089	Pork	...	...	"	29	" " "
A.4090	Steak and kidney			"	31	" " "
A.4091	Cornish pasty	...		"	8	" " "
A.4092	Pork	...	...	"	30	" " "
B.4336	Steak and kidney			"	21	" " "
C.4192	Pork	...	...	"	26.5	" " "
C.4193	"	...	...	"	25.2	" " "
C.4195	"	...	...	"	33.7	" " "
C.4217	"	...	...	"	28.5	" " "
C.4270	"	...	...	"	24	" " "
C.4271	"	...	...	"	32	" " "

A honey, A.4064, was submitted with a complaint of poor appearance and taste. The dark coloured fragments around the top of the jar were particles of wax and resin from the honeycomb. The flavour of the honey was unpleasant and distinctly soapy. This fault was possibly due to residual soap after the washing of utensils used in processing the honey. The product was otherwise of normal composition for a honey derived mainly from White Clover.

A soft ice cream, A.4093 was of satisfactory composition with 8.8 per cent fat and 10.9 per cent solids-not-fat.

Seventeen ordinary ice creams contained satisfactory amounts of fat and milk solids-not-fat. Four dairy ice creams justified the description.

A sample of pearl barley B.4276 contained a paper packet which was dirty and heavily infested with *psocoptera* (silver fish) although the actual barley was not infested.

C.4189	Rolls and butter	...	Formal	The fat was entirely butterfat.
C.4194	Buttered rolls	...	"	" " " " " "
C.4202	Bread and butter	"	"	" " " " " "
C.4203	A sandwich containing a foreign body	Informal		The foreign body proved to be the common cabbage moth.
C.4274	Almond marzipan	"		Contains not less than 25% ground almonds.

Other Meat and Fish Products

B.4234	Polony	...	Formal	62 per cent meat.
B.4235	Danish pork	...	"	88 per cent "
B.4353	Fish sticks	...	"	85 per cent fish.
B.4354	Pork luncheon meat	"		Only 78 per cent meat. Poor quality against a minimum agreed figure of 80 per cent.
C.4211	Fish cakes	...	Informal	62 per cent fish.
C.4215	Pork luncheon meat	"		Only 78 per cent meat. Poor quality.
C.4212	"	"	"	95.5 per cent meat.
C.4213	Luncheon meat loaf	"	"	57 per cent "
C.4256	Fish cakes	...	"	56 per cent fish.
C.4260	Fish cakes	...	"	57 per cent "

Other Meat and Fish Products—continued

C.4261	Salmon fish cakes	„	38 per cent fish	
B.4389	Cube of sugar containing foreign body	„	Foreign body was a small piece of iron scale.	
B.4399	Steak and kidney		No evidence of kidney but contained 34 per cent of meat.	
C.4357	Meat pie ...	„	Only 17.5 per cent of meat.	
C.4148	Cornish pasty ...	„	Only 7.0	„ „ „ „
B.4368	Luncheon meat ...	„	Only 7.8	„ „ „ „
C.4332	Pasty ...	„	Only 7.5	„ „ „ „
C.4347	Strawberries and cream sweets ...	Formal	Contained 2 per cent of fat derived from milk.	
C.4381	Marzipan confectionery ...	„	Contained not less than 30 per cent ground almonds.	

*Meat Products**Pies*

A.4114	Pork ...	...	31 per cent meat.	
A.4115	Steak and kidney		22	„ „ „
A.4117	Pork ...	...	27	„ „ „
A.4147	Steak and kidney		22.5	„ „ „
B.4385	Chicken and veal	...	29.5	„ „ „
B.4399	Steak and kidney		34	per cent. No kidney.
B.4400	Pork ...	...	26	per cent meat.
B.4403	„ ...	...	28	„ „ „
C.4357	Meat ...	...	17.5	„ „ „ Poor quality.

*Meat Products**Pasties*

A.4118	Cornish Pasty ...	...	11.5 per cent meat.	
A.4148	„ „ ...	...	7.0	„ „ „ Poor quality.
A.4149	„ „ ...	...	28.5	„ „ „
A.4231	„ „ ...	...	9.5	„ „ „
B.4386	„ „ ...	...	24.7	„ „ „
B.4390	„ „ ...	...	10	„ „ „
B.4401	„ „ ...	...	10	„ „ „
B.4402	„ „ ...	...	17	„ „ „
C.4332	„ „ ...	...	7.5	„ „ „ Poor quality.
C.4333	„ „ ...	...	34	„ „ „
C.4339	„ „ ...	...	13	„ „ „
C.4341	„ „ ...	...	21	„ „ „
C.4351	„ „ ...	...	9.5	„ „ „
C.4352	„ „ ...	...	33.0	„ „ „
C.4353	„ „ ...	...	9.0	„ „ „
C.4356	„ „ ...	...	16.0	„ „ „
B.4388	„ „ ...	...	34.5	„ „ „

Other Meat Products

A.4169	Chopped pork ...	...	81 per cent meat.	
A.4192	Minced beef loaf	...	84	„ „ „
A.4209	Mince and beef with onion & gravy ...	...	34	„ „ „
B.4368	Luncheon meat	...	78	„ „ „ Slightly low.
B.4380	Spaghetti Bolognese	...	19.4	„ „ „
B.4384	Faggot ...	...	64	„ „ „
B.4387	„ ...	...	50.5	„ „ „

Sausages

A.4144	Beef ...	...	57 per cent meat.	
B.4367	Pork ...	...	70	„ „ „
B.4379	„ ...	...	68.5	„ „ „

Fish Cakes

C.4293	...	...	...	47	per cent fish.
C.4298	...	...	...	54	" " "
C.4299	...	...	...	56	" " "
C.4300	Salmon	...	...	36	" " "

Table 10—Waters Effluents Etc.

Mains supplies (Public and Private)	...	...	58
Wells, boreholes, springs, etc.	...	...	34
Streams	...	...	13
Seepages	...	...	2
Swimming pools	...	...	35
Sewage and trade effluents	...	...	15
Miscellaneous	...	...	16

173

Twenty samples of drinking water were unsatisfactory from a chemical point of view. Half of the samples were from one source over a period of mains difficulties. Eighteen samples from artesian boreholes in the Lechlade area contained fluorine in amounts varying from 0.18 p.p.m. to 13.0 p.p.m. These results are quoted in full together with comment on the hardness of the supply. It will be seen that the high fluorine figures occur in notably soft waters.

*Fluorine**Fluorine parts per million*

G.C.116	...	...	...	4.0	...	...	Soft.
G.C.139	...	...	...	5.2	...	...	"
G.C.140	...	...	...	7.3	...	...	"
G.C.141	...	...	...	4.9	...	...	"
G.C.151	...	...	...	1.2	...	...	Hard.
G.C.152	...	...	...	1.1	...	...	"
G.C.153	...	...	...	13.0	(Repeat	11.3)	Soft.
G.C.158	...	...	...	1.7	...	...	Moderately soft.
G.C.159	...	...	...	2.1	...	...	"
G.C.161	...	...	...	0.9	...	...	Moderately hard.
G.C.162	...	...	...	2.9	...	...	Soft.
G.C.163	...	...	...	3.5	...	...	"
G.C.164	...	...	...	0.54	...	...	Hard.
G.C.167	...	...	...	1.5	...	...	Moderately hard.
G.C.168	...	...	...	0.81	...	...	Hard.
G.C.169	...	...	...	0.72	...	...	Moderately hard.
G.C.170	...	...	...	0.40	...	...	Soft. " "
G.C.176	(Ref. G.C.139)	...	...	5.0	...	...	Soft.

Table 11—Miscellaneous Samples including Atmospheric Pollution Examinations

Lab. No.	Article	Comment
M.6	Foreign matter in Christmas Cake	Contained a portion of glass.
M.83	Sugar	Contained 1.2 per cent of salt.
M.100	Milk	20 per cent deficient in fat.
M.104	Egg roll	Contained a pellet of rodent excreta.
M.116	Dry Fry	Peanut oil in Trichlorofluoromethene, subject of correspondence with the Home Office.
M.127	Pint bottle of milk	Whitish film due to hardness salts of water.
M.138	Bread	Foreign matter was a piece of soiled dough.
M.144	Foundry Sand	Contained no toxic substances.

M.153	Clay	Of satisfactory composition.
M.156	Insects	Identified as cat or dog fleas.
M.157	Milk	Foreign matter was a portion of a foil sweet wrapping.
M.172	Crude oil	} Contained mineral oil with the characteristic odour of used engine oil.
173	Oily waste	
M.175	Ice lolly	
176	" "	
177	" "	} All of satisfactory composition and free from metallic contamination.
204	" "	
305	" "	
M.225	Insects	
M.222	Chloros	Identified as the Red mite of poultry.
M.230	School milk empty bottle	Satisfactory available chlorine figure.
M.233	Bottle of milk ...	Foreign matter was milk residues with dust or grit.
M.238	Cream bun	Foreign body was a giant paper clip 3 inches long.
M.246	Portion of honey bun ...	Foreign matter was a bundle of cotton fibres. The origin of the fibres could not be ascertained.
M.269	Milk	Foreign body was an immature cockroach.
M.275	Butter	Foreign matter identified as a portion of cement.
M.307	Almond paste	Contained genuine butterfat.
308	Ground almond	} Ground almonds were rancid.
M.310	Foundry sand	
311	" "	
312	" "	
313	" "	} Examined for lead content.
336	Water	
M.326	Soil	
M.342	Foil milk bottle tops ...	
M.349	Fish cakes (Complaint)	Satisfactory in respect of sulphates and pH.
350	" " (Control)	Colours in the foil contained no toxic substances.
M.352	Soil	Dark fragments were portions of fish skin.
M.361	Weetabix	Contained an overheated portion of coffee extract.
M.362	"	Contained cyanides and chromates.
M.363	Coffee	Thin layer of dirt adhering to the apple skin.
M.364	Effluent	Larval forms of <i>Ephestia</i> indentified.
M.371	Toffee apple	} Two samples of identical composition.
M.377	Chocolate cream	
M.387	Tablets	
388	"	
M.389	Bread	Contained small portions of a moth.
M.405	Opened bottle of milk ...	} Contained visible mould growths.
406	Unopened bottle of milk	
M.407	Prepacked bacon ...	
M.408	$\frac{1}{2}$ pint of milk ...	
M.435	Water	Undergoing putrefaction. Unfit for consumption.
436	Soil	Contained algae.
M.440	Distilled water cup rinses	Water satisfactory.
441	Distilled water teapot rinsing	Soil contained gypsum.
442	Tea cup	} Deposition of tannin in the tea cup due to prolonged standing of the prepared tea before being served.

The above list indicates the surprising diversity of the "miscellaneous samples" and the even more surprising "oddities" found in foodstuffs.

There were 36 monthly deposit gauges determinations and 36 lead peroxide sulphur pollution measurements during the year for two sites at Thornbury and one site at Kingswood. No startling trends or alterations were noted. As stated earlier there were also 508 check smoke stain readings for the Stroud and Dursley authorities.

Fertilisers and Feeding Stuffs Act

			<i>Formal</i>	<i>Informal</i>	<i>Requiring comment</i>
	Fertilisers	...	6	Nil	2
	Feeding Stuffs	...	72	3	7
Samples requiring comment were:—					
991	Bone meal	...	The protein was low and outside the limits of variation.		
061	Baby Pig meal	...	Protein in excess and outside the limits of variation.		
062	No. 2 Broiler mash	...	Protein in excess and outside limits of variation.		
In neither 061 or 062 was the excess regarded as to the prejudice of the purchaser.					
022	High Yield Dairy Nuts		Oil slightly low.		
063	Battery egg food	...	Oil slightly low.		
064	Turkey growers food	...	Oil slightly low.		
065	Breeders laying food	...	Oil low.		
066	Laying pellets	...	Oil slightly low.		
014	Magnesium sulphate	...	Not strictly a fertiliser within the meaning of the Act.		

PART VIII. REPORT ON THE WORK FOR THE CITY OF GLOUCESTER**Table 12—Summary of Examinations**

Milks ...	...	...	...	...	83
Food and Drugs ...	...	...	...	...	209
Fertilisers and Feeding Stuffs	...	...	...	...	18
Atmospheric pollution—					
Lead peroxide ...	...	...	...	...	24
Deposit gauges ...	...	...	...	...	20
Spectrophotometric analyses ...	...	...	...	...	10
Miscellaneous ...	...	...	...	...	1
					<hr/> 365 <hr/>

The total number of samples was nearly 40 more than in 1961, nearly all accounted for by increased milk, food and drug sampling.

Adulterated foods included:—

2315 Milk ...	...	Formal	5 per cent deficient in fat and abnormal solids-not-fat 7.95 per cent.		
2316 „ ...	...	„	20 per cent deficient in fat and abnormal solids-not-fat 8.0 per cent.		
2325A „ ...	...	Informal	3 per cent added water.		
2327A „ ...	...	„	3 „ „ „ „		
2368 Buttered toast...	...	Formal	Not more than 6 per cent butter.		
2371 Buttered rolls	...	„	„ „ „ 53 „ „ „		
2372 „ „	...	„	„ „ „ 4 „ „ „		
2373 „ „	...	„	„ „ „ 55 „ „ „		
2418 Pork Sausages...	...	„	Contained undeclared preservative.		
2419 „ „	...	„	Contained undeclared preservative and also were 12 per cent deficient in meat.		
2502 Milk (Channel Isls.)	...	„	7.5 per cent deficient in fat.		
2507 „ ...	...	„	18.3 per cent deficient in fat with abnormal solids-not-fat at 8.25 per cent.		
2532 „ ...	...	„	16.7 per cent deficient in fat.		
2533 „ ...	...	„	13.3 „ „ „ „		
2536 „ ...	...	„	5.0 „ „ „ „		
2542 „ ...	...	„	21.7 per cent deficient in fat with slightly abnormal N.F.S. at 8.45 per cent.		
2556 Pork sausages ...	...	„	8.6 per cent deficient in meat.		
2571 Beef „	...	„	Contained undeclared preservative.		
2572 „ „	...	„	„ „ „ „		
2577 Pork „	...	„	9.2 per cent deficient in meat.		

Among other foods and drugs requiring comment or raising matters of interest were :—

2347A *Canned Potatoes*. These bore packing dates 1/46 making them some 16 years old. The contents were distinctly acid, and if not actually unfit were certainly unsaleable.

2378A *Lemonade*. Traces of phenolic disinfectant were found in this drink and were confirmed chemically at about 5 p.p.m. The stopper from the original container was similarly contaminated but to greater extent and was probably the source of the disinfectant which was then passed to the actual drink.

2380 *Ammoniated Tincture of Quinine*, formal. This sample was slightly deficient in ammonia but having regard to the volatility of ammonia and the very considerable "head space" in the sample bottle, this slight deficiency could be accounted for by evaporation in the "head space."

2385A *Apricots*. This sample was generally in poor condition. Some 10 per cent of the fruit being contaminated with straw, hairs and general dirt and two small red ants. In view of the general nature of the contamination and the fact that it is nearly always advisable to wash dried fruit before use, it was considered that although the fruit was not of first class quality, there was insufficient justification for condemnation of the fruit.

M.1 *Carton of Milk*. The sour smell of this sample was due to prolonged storage in the vending machine.

Of the 18 Fertilisers and Feeding Stuffs samples only one requires comment. This was a compound fish manure with an excess of soluble phosphate outside the limits of variation.

PART IX. ATMOSPHERIC POLLUTION

Table 13

					Bristol	Gloucester County	Gloucester City
Lead peroxide	...	...	...	...	60	36	24
Deposit gauges	...	...	...	...	60	36	19
Smoke Recordings (City)	...	...	...	...	551	—	—
"	"	(Port of Bristol Authority)	...	...	556	—	—
"	"	Miscellaneous	...	...	1,442	—	—
					2,669	72	43

It should be noted that the Port of Bristol and Miscellaneous Smoke Recordings involve the laboratory in no more than recording and assessing smoke stains by Reflectometer readings. In consequence of the change over to continuous smoke and sulphur dioxide apparatus, lead peroxide and deposit gauge observations have fallen off appreciably.

The City Survey

The four stations concerned in this survey are Waterworks Office, Marsh Street (City Centre), Shaftesbury Crusade (St. Philips), the Zoological Gardens (roof of the elephant house) and Blaise Castle (roof of stables). The Local Authority is a Co-operating body in the National Surveys and all results are submitted for correlation and assessment to the Director of the Warren Spring Laboratory at Stevenage, Herts. The trends of the last nine years are noted in the table.

Table 14*Total deposit in tons per sq. mile per year*

<i>Deposit gauge</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>
Waterworks ...	263	187	201	156	172	146	*138	162	*163
Shaftesbury Crusade ...	273	226	*206	180	193	216	*184	*151	*168
Zoological Gardens ...	143	126	*101	105	*101	114	115	*107	93
Blaise Castle ...	124	103	*110	93	108	115	100	106	100

*(11 months)

Table 15*Total rainfall in inches*

<i>Rainfall</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>
Waterworks	41.4	23.7	25.7	27.2	34.5	27.6	*36.7	30.2	*23.3
Shaftesbury Crusade ...	38.7	22.5	24.1	28.1	34.4	29.4	*34.1	*25.3	*21.2
Zoological Gardens ...	40.2	25.5	26.9	32.9	36.0	31.0	41.0	*29.7	21.0
Blaise Castle ...	40.2	24.4	25.2	32.6	33.7	30.1	39.7	31.2	22.8

*(11 months) †(Corrected to 12 months for comparison)

For the most part the recent general improvement in conditions is well maintained. Depositions at both the Waterworks and Shaftesbury Crusade are slightly heavier than in the two previous years under significantly drier conditions. The deposits at the Zoo and Blaise Castle sites have become virtually constant now over seven years at about the 100 tons per annum level. The low rainfall in June only 0.1 to 0.4 inches brought the lowest deposition figures. The heaviest depositions at the Waterworks and Shaftesbury sites nearly 30 tons in the month occurred in December. The average monthly depositions at the Waterworks and Shaftesbury sites 14.8 tons and 15.3 tons respectively are virtually double those at the Zoo, 7.8 tons, and Blaise Castle 8.4 tons.

Table 16*Average SO₂ mgms. per 100 sq. cm. per day*

	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>
Waterworks ...	1.94	3.0	2.03	2.24	2.06	1.34	1.36	1.29	1.63
Shaftesbury Crusade ...	2.29	2.75	2.07	2.40	2.04	1.37	1.37	1.25	1.34
Zoological Gardens ...	0.61	1.18	0.89	1.05	1.20	0.81	0.64	0.57	0.65
Blaise Castle ...	0.96	1.24	1.10	1.03	0.93	0.96	0.62	0.56	0.72

The 1962 level of sulphur pollution is regrettably a little higher than three earlier years but has nowhere reached the 1958 levels. I would hazard the guess that the lower rainfall in 1962 at the 20 to 25 inch level gave a less effective washing of the atmosphere and thus failed to take out the soluble sulphur dioxide. Overall, however, the sulphur pollution is at a satisfactory level and represents continued and reasonable improvement in the City's atmosphere.

The Kingswood data are similarly summarised.

Table 17

	1954	1955	1956	1957	1958	1959	1960	1961	1962
Tons per sq. mile	183	116	109	78	88	100	95	77 (10 mths.)	86
Average SO ₃ mgms. per 100 sq. cm. per day	...	0.94	1.82	1.24	1.02	0.89	0.8	0.5	0.83 0.56
Rainfall in inches	40.9	19.9	22.7	27.6	30.0	28.0	36.3	19.3 (10 mths.)	22.1

The table indicates that the deposition figures have reached a stabilised state of about 90 tons (± 10 tons) since 1957. There is a significant improvement in the sulphur pollution level which in 1962 was the lowest recorded figure since 1954 with the exception of the 1960 figure of 0.5. The rainfall at 22 inches is the same as the "corrected" figure for 1961 and compares with the dry summer figures for 1955 and 1956.

*The Avonmouth Survey***Table 18**

		<i>SO₃ mgms. per 100 sq. cm. per day</i>							
		<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>
Avonmouth Docks	...	3.60	3.22	2.12	1.95	2.20	1.81	2.56	—
Green Splot	...	1.16	1.21	1.81	1.18	1.17	1.11	1.09	1.06
		(11 mths.)							
*Barracks Lane	...	0.71	1.12	0.97	0.91	0.65	0.35	0.42	—

* Prior to April 1957 this site was at T. Farm.

Only the Green Splot site was maintained during the year. The Avonmouth Dock apparatus was badly damaged during the re-planning of holding areas for the export of motor cars. A new site was discussed but was not taken up. Similarly at Barracks Lane the apparatus suffered from the attentions of local hooligans, and it was decided that this site would have to be abandoned. The Green Splot figures for sulphur dioxide show the lowest level of pollution since 1955. A satisfactory result although apart from a high figure in 1957 the general level of pollution has averaged 1.2 mgms. per 100 sq. cm. per day. Zinc and fluorine determinations on the Avonmouth and Barracks Lane gauge were also discontinued with the abandonment of these sites.

The Dursley and Stroud surveys were discontinued in favour of continuous smoke and sulphur dioxide recording apparatus. As stated elsewhere the laboratory now only checks smoke stains for these Authorities.

*The Thornbury Survey***Table 19**

	Average SO ₃ mgms. per 100 sq. cm. per day					
	1958	1959	1960	1961	1962	
Walning Farm	...	0.61	0.41	0.47	0.52	0.56
		(10 mths.)				
Brynleaze Farm	...	0.71	0.57	0.49	0.49	0.59
		(10 mths.)				
	Deposit in tons per sq. mile.					
	1958	1959	1960	1961	1962	
Walning Farm	...	62.2	80.6	99.8	90.9	81.7
		(9 mths.)	(11 mths.)			
Brynleaze Farm	...	51.8	68.5	76.5	96.1	86.2
		(9 mths.)	(11 mths.)			
	Rainfall in inches					
	1958	1959	1960	1961	1962	
Walning Farm	...	28.8	31.9	37.1	30.8	23.1
		(9 mths.)	(12 mths.)			
Brynleaze Farm	...	17.6	22.9	29.3	28.5	22.9
		(9 mths.)	(11 mths.)			

There was a slight rise in the sulphur pollution at the Waling and Brynleaze sites in 1962 but these were not undue increases and are probably accounted for by considerably decreased rainfall and hence a lowered 'washing out' effect on the sulphur figure.

The total depositions at both sites are significantly lower than in 1961 and with the lower rainfall figures represent a real improvement. Only in January were deposits in excess of 10 tons. They were Brynleaze 18.5 tons and Waling 16.7 tons. The yearly average was 7.2 tons for Brynleaze and 6.8 tons for Waling.

The Gloucester City Survey

Table 20

Deposit in tons per sq. mile

	1958	1959	1960	1961	1962
The Lannet	138	79	107.0	79.4	65.8
Technical College ...	93	107	115.6	117.5	(8 mths.) 95.0
	(11 mths.)				(11 mths.)

Average SO₂ mgms. per 100 sq. cm. per day

	1958	1959	1960	1961	1959
The Lannet	109	0.96	0.72	0.92	1.03
Technical College ...	1.31	1.04	1.04	1.24	1.19
	(11 mths.)				

Rainfall in inches

	1958	1959	1960	1961	1962
The Lannet	29.2	21.0	28.0	18.5	11.0
Technical College ...	26.7	26.4	31.1	23.1	19.7
	(11 mths.)				(8 mths.) (11 mths.)

The Technical College Site was maintained for 11 months but in December the gauge contents were lost after freezing and fracture. The Lannet Site caused some difficulties being tampered with on 3 occasions and finally in December was abandoned. As far as can be judged, therefore, deposits at the Lannet have increased compared with 1961 and are back to 1960 levels. There is a continuing, if slight improvement, in deposit conditions at the Technical College. Sulphur pollution at both sites remains at much the same level about 1.0 to 1.2 mgms. per 100 sq. cm. per day. Comment on rainfall figures is difficult for the 8 months observations at the Lannet, whilst at the Technical College 11 months observations indicate the lowest rainfall in 5 years of observations.

At the "rural" site at Fullingbridge the rainfall over 11 months, January excluded, was 17.2 inches, average 1.56 inches. The total deposit for 11 months again January data was not available, was 60.6 tons, average 5.5 tons per month. The depositions in recent years have been:—

	1959	1960	1961	1962
	54 tons	75 tons	93 tons	61 tons (11 mths.)
Rainfall in inches	25.9	36.0	23.7	17.2
	(11 mths.)			(11 mths.)

Observations at the Central Clinic

	1961	(Seven mths.)	1962	(Full year)
	Total	Average	Total	Average
Deposit/ton/sq. mile ...	95.6	13.7	193.1	16.1
Total water insoluble matter	50.1	7.2	98.1	8.2
Total water soluble matter	45.5	6.5	95.0	7.9
Rainfall (inches)	16.05	2.3	25.2	2.1

These figures indicate somewhat heavier total deposits than at either the Waterworks or Shaftesbury Sites.

PART X. SPECTROSCOPY

The section has again examined a greater number of samples than in the previous year and continues to examine all tinned goods for contamination from lead or tin. From April 1962 we have been working to the new Regulations for lead in foodstuffs and before these Regulations are tightened in April 1964 it looks as though we shall need to find a more sensitive plate or be involved in a large amount of chemical concentration of certain samples. The latter would be a retrograde step. The greater number of samples this year were largely from the Port Health Office. Early in the year 150 tins of canned beef were received after finding substantial quantities of lead in earlier samples. About 75 per cent of these contained lead in amounts greater than the 10 p.p.m. permitted in the Regulations. Since this episode samples of this product have been satisfactory. Towards the end of the year we received about 100 tins of tomatoes of several different makes after reports that other ports had found excessive amounts of both lead and tin. This was not confirmed here but we did find a number of cans were under-weight, chiefly due to leakage from poor cans. Only 47 ice lollies were examined this year, perhaps a reflection on the poor summer!

The toxicological samples were the usual run of lead and mercury in blood or urine with an interesting sample of tissue taken from around a titanium pin. The latter sample was discoloured—the request was to know whether discolouration was due to titanium. This was confirmed and we then examined three parts of the pin-support to see if any difference could be observed that could be causing electrolysis to occur. A trace of iron found in the pin could account for such action.

We continue to monitor fish from Pacific waters for radioactivity and to examine a variety of foodstuffs for added colouring matter. Only one sample contained a prohibited colour.

Some qualitative chromatographic work has been done for antioxidants in foodstuffs and we are now ready to press ahead with some quantitative work on these substances.

PART XI. OTHER ACTIVITIES

This section of the Departmental work is compiled by direct reference to the year's diary and again illustrates that the Analyst spends a considerable portion of the working day away from the analytical bench.

The year has for example been an unusually busy one for court proceedings including several "foreign body" cases, deficient samples of Halibut Oil capsules, deficient samples of marzipan, buttered rolls deficient in butter, and watered milks. Indeed from the 2nd April to the 30th May there was a veritable "flurry" of cases, four for Bristol City, four for Gloucester City and ten for Gloucester County. Even more intriguing was the fact that of these eighteen cases seventeen entered a plea of guilty. The details of these and other cases are listed elsewhere in this report.

Twenty lectures were given during the year to a variety of groups and organisations. These included detailed lectures on the work of the Department to D.P.H. and Veterinary Students, special lectures on specific topics to Public Health Inspectors and Meat and other Food Inspectors' courses, whilst lectures of a more general character were given to Q.E.H. Old Boys, Catering Managers, the Woman's Club, Southmead Baptist Church, the Horfield Townswomen's Guild, the Canford Young Conservatives Association.

Senior members of staff were also at the receiving end of a number of specialised lecture courses and are grateful to the Health Committee for permission to attend such lectures.

Nearly 40 meetings and interviews were attended covering a diverse range of subjects. These included several discussions on Fire Precautions within this building, attendance at several Civil Defence meetings, staff interviews, attendance at the Bristol and West Clean Air Council, and discussions with the Medical Officers for several County areas. Two chemical problems were satisfactorily resolved as a result of discussions with representatives of the manufacturers concerned. One problem related to excess lead in corned beef and involved spectrographic and chemical examinations of well over 200 samples of the meat. The second related to the use of papain in tenderising meat. Papain of the order of 5 p.p.m. is injected into the animals about 30 minutes prior to slaughter and consideration of the taste and flavour of such meat compared with untreated meat certainly bore out the claim of substantial tenderising. Papain as such does not appear in the "tenderised meat" and control can only be exercised by determination of tyrosine levels. We could see little objection to the process provided the purchaser was adequately informed of the treatment. This would certainly be done because considerable sales publicity would be directed to the advantages of the tenderising process and moreover the meat would cost slightly more than untreated meat. The papain fruit (including papain enzyme) has been eaten for many years without ill effects and although this may be thought to be one more addition to food I feel that there can be little danger in or objections to the process.

The Scientific and Ancillary Services Sub-Committee met on seven occasions during the year and I would like to express my appreciation of the help and consideration given by members of that Committee.

Likewise I would similarly thank the Weights and Measures Committee of the County for similar help and encouragement. Members of the Committee visited the Department and were entertained to tea after touring the laboratories. Earlier in the year we have similarly entertained two parties of the County Inspectors and their Staffs. I feel that such contacts are invaluable and mutually helpful to both the laboratory staff and the Inspectorate.

We were privileged to receive Dr. S. M. Burgess, Scientific Adviser to the London County Council who is a good friend to the Department and who has on several occasions helped us in many ways.

We also met Dr. J. Kear of the Wildfowl Trust, Slimbridge and with Committee sanction carried out some work for the Trust relating to a survey and study of interest to Dr. Kear who was anxious to have the chemical composition of wildfowl droppings in relation to possible manurial value.

We were delighted to welcome Miss J. Peden, County Analyst for Somerset and her deputy, Mr. Cassidy, to the Department in November. We had hoped for such a visit for some years now and despite the relative proximity of Taunton to Bristol somehow contact other than by telephone has not been possible. This was therefore a wonderful opportunity for an exchange of views on many mutually interesting topics.

I have to record that in March Mr. Russell, formerly City Analyst who retired in 1934, died at the wonderful age of 92.

A little later in March we learned of the death of Dr. Cooper, Medical Officer of Health for Dursley and other adjacent authorities, whilst in June

Alderman J. J. Milton died. He was for many years Chairman of the Health Committee and he had a remarkably long period of service to the City in many fields of Public Health work.

Later still in the year in September, I attended the funeral of the former City Treasurer Mr. E. M. Tapson.

Finally, I would thank the Health Committee for permission to attend meetings of the Association of Public Analysts held outside of Bristol. I attended several such meetings relating to the formulation and revision of Food Standards, and in particular an interesting and valuable meeting on Pesticides in Foods. As a direct result of that meeting the Department was organised to cope with the problem and a considerable number of fresh fruit and vegetables have been examined for pesticide residues. To date no significant traces of such pesticides have been found.

PORT HEALTH SERVICES

MEDICAL INSPECTION AND SANITARY CIRCUMSTANCES

Dr. G. N. Febry
Senior Medical Officer (Port)

*This Report is prepared on the lines indicated in
Form Port 20, issued by the Ministry of Health to
Port Health Authorities*

PORT HEALTH SERVICES

Medical and Sanitary Circumstances

Dr. G. N. Febry
Senior Medical Officer (Port)

SECTION I

Introduction

The successful efforts of the Port of Bristol Authority to attract more trade to the port are reflected in the favourable trading conditions during 1962 and in the figures that follow.

The total tonnage of foreign and coastwise cargo imports exceeded 7,100,000 tons and was over half a million tons more than in the previous year. Foreign-going and coastwise arrivals numbered 1,741 and 5,462 respectively. Although this total of 7,203 was less than in 1961, the reduction was wholly in respect of ships of less than 1,000 tons nett. This was confirmed by the fact that the total nett registered tonnage of foreign-going arrivals was 4,805,443, this being 250,000 tons greater than in the preceding year.

The Committee of Inquiry into the Major Ports of Great Britain presided over by Lord Rochdale published their Report in September and paid tribute to the considerable expansion of trade in recent years at the Port of Bristol—"this achievement reflects great credit on the zeal and efficiency of the Authority itself and its permanent staff". To maintain this high state of competitive efficiency and to cope with modern requirements the Port Authority's programme of construction and modernisation continues.

Industrial concerns within the Dock area have also been active in enlarging their existing premises by providing new silos, provender mills and offices to meet the growing demand for their products.

Worthy of mention are the following projects:—

The Port Authority's "E" food warehouse was extended during the year to provide over 5 acres of storage space and is now in full use. The "L" double decked transit shed having over 9,000 sq. ft. of floor space was put into immediate use on completion and the adjoining quayside berth reconstructed and equipped with modern cranes.

The erection of a large transporter crane at "West Wharf 4" berth is nearing completion. This will discharge minerals destined for the Imperial Chemical Industry's Severnside works, now in production.

The initial stages of building the jetty at Avonmouth (Old) Dock to provide extra berthing space are well in hand and work has already started on the foundations of the 33,000 tons granary at the Royal Edward Docks.

TABLE A

<i>Name of Officer</i>	<i>Nature of Appointment</i>	<i>Date of Appointment to : Department Present Post</i>	<i>Qualifications</i>	<i>Any other Appointment held</i>
Wofinden, Dr. R. C.	Port Medical Officer of Health	29.9.47 1.2.56	M.D., B.S., D.P.H., D.P.A.	Medical Officer of Health
Skone, Dr. J. F.	Deputy Port Medical Officer of Health	1.10.59 1.10.59	M.D., B.S., D.C.H., D.P.H., D.I.H.	Deputy Medical Officer of Health
Richards, Dr. D. T.	Senior Medical Officer (Port)	1.11.38 13.1.47 (Dec'd 2.2.62)	L.R.C.P.(Lond.), M.R.C.S.(Eng.), D.P.H.	—
Febry, Dr. G. N.	Senior Medical Officer (Port)	20.1.58 1.5.62	M.B., Ch.B., D.P.H.	—
Tomlinson, Dr. P.	Assistant Medical Officer (Port)	20.11.57 10.10.60	M.D., D.P.H.	—
Redstone, F. J.	Chief Port Health Inspector	1.9.40 1.10.43	F.R.S.H., F.A.P.H.I.	Chief Public Health Inspector
Davies, E. I.	Divisional Inspector (Port)	13.5.37 1.11.43	Certs. of R.S.H., P.H.I.E.J.B., R.S.H. Meat and Other Foods; Testamur Welsh School of Medicine in Public Health and Hygiene; Master Mariner (Foreign-Going).	—
Blampied, F. C.	Public Health Inspector (Port)	1.12.48 1.1.57 (Terminated appointment 31.12.62)	Certs. of R.S.H., P.H.I.E.J.B., R.S.H. Meat and Other Foods; R.S.H. Smoke Inspector.	—
Fowler, C. H.	Public Health Inspector (Port)	1.9.57 1.9.57	Cert. of R.S.H., P.H.I.E.J.B.	—
Lack, W. H. G.	District Public Health Inspector	23.7.62 23.7.62	Cert. of R.S.H., P.H.I.E.J.B., R.S.H. Cert. Tropical Hygiene.	—
Merrick, R. J.	Public Health Inspector (Port)	3.9.62 3.9.62	Certs. R.S.H., P.H.I.E.J.B., R.S.H. Meat and Other Foods; R.S.H. Smoke Inspector.	—
Howells, E. M.	Public Health Inspector (Port)	12.12.62 12.12.62	Certs. R.S.H., P.H.I.E.J.B., R.S.H. Meat and Other Foods.	—
Bowen, W. T.	Assistant to Port Health Inspector	27.1.36 27.1.36	Master Mariner (Foreign-Going).	—
Baston, C. W.	Assistant to Port Health Inspector	13.2.38 13.2.38		—
Henley, F. C.	Senior Group Clerk (Port)	1.8.37 11.6.56 (Terminated appointment 21.9.62)	Inter D.M.A., Part II Final D.M.A.	—
Robinson, C. W.	Senior Group Clerk (Port)	30.9.40 24.9.62	Inter D.M.A.	—

Address and telephone number of the Medical Officer of Health: Central Health Clinic, Tower Hill, Bristol, 2. Tel. No.: Bristol 26602.

Private Industries

Messrs. Crosfield and Calthrop's large new provender mill came into full production during the year. Nearing completion is a large building which will provide extra office and canteen facilities for the staff of the British Oil and Cake Mills who have already extended considerably and modernised their storage and mill facilities. R. and W. Paul Ltd. are also extending their provender mills. The Co-operative Wholesale Society has built a new compounding mill and large granary with a view to increased production of animal foods.

There can be no doubt that these projects and plans still to be executed are engendered by a high degree of optimism regarding the still further expansion of trade at the Port of Bristol.

Finally, Port Health Staff and accommodation. The early months of the year witnessed an acute shortage of Port Health Inspectors. The appointment of three Inspectors during the latter half of the year brought the staff back to full complement. It has been realised for some time that the present Port Health office is unsatisfactory and grossly inadequate in size. The Port of Bristol Authority has agreed to provide more suitable accommodation on the ground floor of a new office block to be built near the Gloucester Road entrance to the Dock.

SECTION II**Amount of Shipping Entering the District During the Year**

Comparative figures for foreign and coastwise arrivals, together with import and export tonnages during the last five years are shown in the following table.

<i>Year</i>	<i>Vessels normally trading</i>		<i>Tonnage of</i>	
	<i>Foreign</i>	<i>Coastwise</i>	<i>Imports</i>	<i>Exports</i>
1962	1,741	5,462	4,245,717	165,149
1961	1,705	6,285	3,738,052	134,373
1960	1,748	6,404	4,007,292	164,319
1959	1,703	6,743	3,856,903	155,290
1958	1,814	6,611	3,840,997	132,999

SECTION III**Character of Shipping and Trade During the Year**

The character of shipping and trade is shown in Tables B and C below.

TABLE B

Amount of Shipping Entering the District During the Year

<i>Ships from</i>	<i>Number *</i>	<i>Tonnage *</i>	<i>Number inspected</i>		<i>No. of Ships reported as having or having had during the voyage infectious disease on board †</i>
			<i>by the Medical Officer of Health</i>	<i>by the Public Health Inspector</i>	
Foreign Ports ...	1,741	4,805,443	365	1,765	31
Coastwise ...	5,462	1,779,491	—	917	—
Total ...	7,203	6,584,934	365	2,682	31

* Figures supplied by courtesy of the Port of Bristol Authority. (Discrepancy between number of vessels shown as arriving and number inspected in foreign section arises from differing classification of "Foreign" and "Coastwise" vessels as applied by the Port of Bristol Authority and the Bristol Port Health Authority.)

† Excluding vessels having venereal diseases on board.

TABLE C (a)

Passenger Traffic

				<i>Seaport</i>	<i>Airport</i>
Inwards:—					
British	...	...	...	1,461	2,688
Alien	...	...	...	307	684
Outwards:—					
British	...	...	...	888	3,689
Alien	...	...	...	264	1,190

PRINCIPAL PORTS from which ships arrive:—Vessels arrive in the Port of Bristol from all parts of the world.

TABLE C (b)

Cargo Traffic

PRINCIPAL FOREIGN IMPORTS AND EXPORTS

				<i>Calendar Years</i>	
<i>Commodities</i>				<i>1962</i>	<i>1961</i>
				<i>Tons</i>	<i>Tons</i>
IMPORTS					
Fertilisers	...	...	...	289,529	266,068
Cereal products	...	...	...	21,090	22,374
Cocoa	...	...	...	14,223	18,140
Coffee	...	...	...	22,521	16,593
Feeding stuffs for livestock	...	...	...	551,056	479,266
Fruit: Bananas	...	...	...	31,829	34,911
Canned	...	...	...	29,396	23,794
Dried	...	...	...	6,635	7,500
Other kinds	...	...	...	17,932	13,717
Grain: Barley	...	...	...	31,360	210,467
Maize	...	...	...	657,973	414,020
Wheat	...	...	...	377,340	328,782
Other kinds	...	...	...	221,059	86,016
Metals: Aluminium	...	...	...	52,399	60,028
Copper	...	...	...	14,145	18,822
Iron and steel	...	...	...	15,076	12,455
Zinc and spelter	...	...	...	30,203	28,127
Other kinds	...	...	...	8,750	7,815
Molasses	...	...	...	127,520	98,303
Oilseeds and oilnuts	...	...	...	57,497	58,382
Ores	...	...	...	125,010	152,954
Paper	...	...	...	50,885	49,552
Petroleum: Spirit	...	...	...	307,420	281,194
Other kinds	...	...	...	695,406	497,503
Provisions: Frozen Meat	...	...	...	19,146	25,368
Other kinds	...	...	...	36,347	47,469
Sugar	...	...	...	3,758	6,927
Tea	...	...	...	15,413	15,891
Timber	...	...	...	129,975	151,514
Tobacco	...	...	...	24,090	34,415
Wines and spirits	...	...	...	12,077	10,777
Woodpulp	...	...	...	134,483	149,101
Other goods	...	...	...	114,174	109,805
				<hr/> 4,245,717	<hr/> 3,738,050
EXPORTS					
Carbon black	...	...	...	16,542	12,933
Chemicals	...	...	...	2,137	1,549
Clay	...	...	...	4,542	3,650
Cocoa waste	...	...	...	3,088	1,565
Coke	...	...	...	39,339	28,098
Government stores	...	...	...	2,724	1,961
Metals: Iron and steel	...	...	...	30,679	27,977
Non-ferrous	...	...	...	18,300	13,713
Motor vehicles and parts	...	...	...	16,669	14,295
Ores	...	...	...	3,161	4,921
Petroleum	...	...	...	2	667
Strontia	...	...	...	3,379	5,740
Wines and Spirits	...	...	...	4,816	3,686
Other goods	...	...	...	19,771	13,706
				<hr/> 165,149	<hr/> 134,371

Figures supplied by courtesy of the Port of Bristol Authority

SECTION IV

Inland Barge Traffic

Number of craft entering during the year : }
Tonnage of craft entering during the year : } *See Note.*

Places served by the traffic:

Banbury	Newport
Barry	Sharpness
Bridgwater	Stourport
Cardiff	Swansea
Frampton	Upton
Gloucester	Worcester
Lydney	

NOTE:—The number of craft and tonnage is included in the Coastwise Traffic, Table B.

SECTION V

Water Supply

1. *Source of supply for (a) the district, and (b) shipping*
 No changes have occurred during the year.
2. *Reports of tests for contamination*

(a) *Quayside supply*

Samples of drinking water supplied to ships from quayside hydrants have been taken at almost every berth in Bristol, Avonmouth and Portishead Docks. These samples, 34 in all, were taken when ships were obtaining water from the hydrants. Analytical reports of all samples were satisfactory.

(b) *Ships' water tanks*

Complaints were received during the year concerning the alleged unsatisfactory condition of drinking water on three ships.

(i) s.s. "*CLYDE PIONEER*".

Early on the homeward voyage the crew complained that the drinking water had an oily odour and taste. Later during the voyage it was necessary to replenish the supply, but the tanks had not been cleansed prior to arrival at this port. The complaints were not substantiated by taste or by chemical tests of samples taken, but as the bacteriological report showed a high coliform plate count it was requested that the tanks be chlorinated and cleansed. This was carried out at Swansea, the next port of call.

(ii) m.v. "*JUNO*".

(iii) m.v. "*PLUTO*".

Complaints were received regarding the drinking water on both these vessels. The bacteriological reports of samples taken indicated that the water storage tanks required cleaning. Chlorination and cleansing were carried out under supervision. Further samples taken proved to be satisfactory.

In addition to the above, samples were taken from four sand-suckers operating from Bristol Docks. A high plate count was reported in a sample drawn from s.s. "*CAMERTON*". After chlorination and cleansing the samples taken were satisfactory.

3. *Precautions taken against Contamination of Hydrants and Hosepipes and*
4. *Number and Sanitary Condition of Water Boats, and Powers of Control by the Authority*
 No changes have occurred during the year.

SECTION VI

Public Health (Ships) Regulation, 1952-61

No changes have occurred during the year.

SECTION VII

Smallpox

1. Cases and suspected cases of smallpox occurring within the district are sent to the smallpox wing at the Ham Green Hospital, Pill, near Bristol.

2. Ambulance facilities are provided by the Ambulance Service of the Bristol Corporation, which is administered by the Medical Officer of Health. The vaccinal state of the ambulance crews is satisfactory and subject to continuous review.

3. One consultant is available in the event of smallpox, he is Dr. J. Macrae, of the Ham Green Hospital, Pill, near Bristol.

4. Facilities for the laboratory diagnosis of smallpox are available in conjunction with the Public Health Laboratory Service.

The s.s. "CIRCASSIA" arrived at Liverpool from Bombay on the 16th May. A diagnosis of smallpox had been confirmed in two passengers who had been landed at Suez on the 5th May, ten days after the onset of the disease and twenty days prior to arrival in Liverpool. The vessel proceeded from Liverpool to Avonmouth arriving on May 25th. All the remaining passengers had disembarked at the previous port. A further check was made on all members of the crew. No further sickness was reported.

The vaccinal state of all persons who are authorised to board ships before they have been cleared by the Port Health Officer was reviewed during the year. These persons are Pilots, Customs and Immigration Officers. In many cases the vaccination state was unsatisfactory, and revaccination/vaccination was offered and accepted by many, but not all, of the Officers concerned.

SECTION VIII

Venereal Disease

The number of seamen attending the Avonmouth Dock Clinic has remained fairly constant over the last five years; 472 cases attended in 1962.

The arrangement whereby the Port Medical Officer acts as Medical Officer to the Clinic is ideal and enables close co-operation to be maintained with the Port Health Inspectorate. All vessels are boarded by an inspector and cards are distributed giving the hours that the Clinic is open, together with a plan of the dock including the Clinic site.

Facilities for diagnosis and treatment are excellent and staff are in attendance throughout the week including Sunday mornings and public holidays.

The following table gives details of all cases attending the Avonmouth Dock Clinic over the past five years.

Condition		1958	1959	1960	1961	1962
Syphilis						
1. Primary	...	8	6	13	—	10
2. Secondary	...	1	1	1	2	1
3. Latent	...	2	9	5	3	13
4. Congenital	...	—	—	1	—	—
Gonorrhoea	...	105	117	146	121	89
Chancroid	...	15	11	18	15	7
Lymphogranuloma	...	3	11	14	4	5
Non V.D.	...	245	271	257	267	316
Transferred to other clinics	...	40	32	23	17	31
Total	...	419	458	478	429	472

The value of this Clinic becomes strikingly clear when one appreciates that ten cases of primary syphilis were seen during 1962.

Prompt investigation, treatment and contact-tracing are vital. Such a centre as this undoubtedly has an important part to play in the control of early syphilis and if it is going to be at all successful, should demand the same effort and enthusiasm that is given to the control of smallpox.

Facilities for diagnosis and treatment are also available for seamen from the City Dock at the main Bristol centre. Sixty-three seamen attended this Clinic during the year.

SECTION IX

Cases of Notifiable and Other Infectious Diseases on Ships

Salmonella typhi-murium

On the 7th February details were received from the Medical Officer of Health, Cardiff, regarding an outbreak of typhoid fever on the s.s. "Matheos". This vessel had arrived in Cardiff seven days previously from New Westminster, British Columbia, via Curacao. At various stages on the voyage members of the crew were ill with diarrhoea, vomiting and abdominal pain.

Faecal specimens had been examined at Curacao and *Salmonella typhi-murium* isolated.

The vessel arrived at Avonmouth on the 8th February and the crew were kept under daily surveillance. No further case was reported.

TABLE D

<i>Category and number of cases during the year</i>								
<i>Disease</i>	<i>Cases landed from ships from foreign ports</i>		<i>Cases which have occurred on ships from foreign ports but have been disposed of before arrival</i>		<i>Cases landed from other ships</i>		<i>Total</i>	<i>Number of ships concerned</i>
	<i>Pass.</i>	<i>Crew</i>	<i>Pass.</i>	<i>Crew</i>	<i>Pass.</i>	<i>Crew</i>		
Chicken Pox ...	—	1	—	—	—	—	1	1
Dysentery ...	—	5	—	—	—	—	5	5
Enteric Fever (<i>Salm. Paratyphi B</i>)	—	1	—	—	—	—	1	1
Food Poisoning (<i>Salm. Typhi-murium</i>)	—	—	—	9	—	—	9	1
Gastro-Enteritis ...	1	4	—	3	—	2	10	9
German Measles ...	—	1	—	—	—	—	1	1
Glandular Fever ...	—	1	—	—	—	—	1	1
Herpes Zoster ...	—	1	—	—	—	—	1	1
Influenza ...	—	15	—	2	—	1	18	16
Lupus								
Erythematosis ...	—	1	—	—	—	—	1	1
Malaria ...	—	2	—	5	—	—	7	3
Pyrexia of Unknown origin	—	3	—	1	—	—	4	4
Scabies ...	—	2	—	—	—	—	2	2
Tonsilitis ...	—	2	—	—	—	—	2	2
Tuberculosis (pulmonary) ...	—	1	—	—	—	—	1	1
Whooping cough ...	—	1	—	—	—	—	1	1
Totals ...	1	41	—	20	—	3	65	50

SECTION X

Observations on the Occurrence of Malaria in Ships

Seven cases of malaria were reported on three ships arriving at the port during the year.

The importance of the prophylactic treatment of this disease cannot be overstressed. Instruction on the prevention and treatment of malaria is included in the marine hygiene lectures given to Merchant Navy Cadet Officers at the Bristol School of Navigation. It is further emphasised in the Ministry of Transport and Civil Aviation's notice (No. M.461) to owners, masters, officers and seamen of merchant ships—"Prevention of Malaria". The Ministry also recommend that a similar notice available in poster form (No. 630) should be "displayed prominently in ships due to enter a malarious area".

SECTION XI

Measures taken against Ships Infected with or Suspected for Plague

1. All vessels from infected or suspected ports are required to attach efficient rat guards to the mooring ropes.
2. Suitable lengths of tarred hessian are wrapped around moorings, outside the leads, when the standard types of rat guards are not available.
3. No such vessels entered the port during the year.

SECTION XII

Measures against Rodents in Ships from Foreign Ports

1. *Procedure for inspection of ships for rats*(a) *Foreign-going ships*

The procedure of inspecting foreign-going ships for evidence of rat activity, as described in previous annual reports, has been applied throughout the year.

Rat infestation in a moderate to pronounced degree was found in only six of the large number of ships inspected. As five of these ships were completing their discharge of cargo in other British ports the Health Authorities concerned were informed of the infestation and it was later reported that satisfactory deratting had been carried out in each case. Detailed information was received concerning only one of the above vessels, where 58 rats had been recovered after fumigation with hydrogen cyanide gas.

The rat infested vessel dealt with at this port possessed an invalid Deratting Exemption Certificate which had been issued eight months previously at Basra. Traps were set in the cargo holds for one night and 25 rats were caught. The shipowners agreed to a request to disinfect the cargo holds with hydrogen cyanide gas, but, despite every effort on the part of the owners' local agents it was not possible to arrange eating and sleeping accommodation ashore for the 60 "Special Ratings" included in the crew. In view of this and the fact that the vessel was sailing direct to a foreign port it was agreed, with reluctance, that sodium fluoroacetate poison bait should be used to disinfest the ship. A total of 830 baits was laid for 24 hours in the holds, but only one poisoned rat was recovered. Despite assurance from the rodent operators (employees of a firm of repute) regarding the potency of the bait and the method used it is difficult to understand why the treatment was so ineffective. Further trapping was carried out and continued for three nights. This resulted in the recovery of 28 rats. Dusting tests of 'tween decks and lower holds was then undertaken and as only a few fresh pad and tail marks were seen it was reasonable to assume that the infestation had been controlled.

Of necessity sodium fluoroacetate was used in this instance. The experience however revealed quite clearly that this poison is inferior to hydrogen cyanide gas as a method of disinfestation.

(b) *Coastwise Vessels*

The coastwise traders inspected at the port were all found to be rodent free.

Upon request three Rodent Control Certificates were issued to one vessel during the year.

(c) *Inland Water Craft*

Although a large number of inland water craft, including barges, was inspected during the year, there was only slight evidence of rodent activity and this was confined to the floating grain elevators. To prevent a build-up of infestation in these craft, permanent poison bait containers were filled whenever there was evidence of rodent activity. This method of control has again proved successful resulting in the destruction of seven black rats.

2. *Arrangements for the bacteriological or pathological examination of rodents, with special reference to rodent plague, including the number of rodents sent for examination during the year.*

A routine proportion of all rats recovered is sent for examination for evidence of *Pasteurella pestis* to the University of Bristol Laboratories, Canynge

Hall, Clifton. A total of 156 rats was trapped in 21 ships during the year. Seventy-eight were sent to the laboratory for examination and these were all reported to be free from this organism.

3. *Arrangements in the district for deratting ships, the methods used, and, if done by a commercial contractor, the name of the contractor*

Deratting of ships is carried out by commercial contractors who use Hydrogen Cyanide gas or Sodium Fluoroacetate poison for the purpose. The undermentioned firm carried out deratting at this port during 1962.

The London Fumigation Co. Ltd., London.

4. *Progress in the rat-proofing of ships*

The following table shows that during the last five years only 22 vessels (a very small percentage of the total number of foreign-going vessels inspected) were found to have evidence of rat activity to any marked degree. This is a measure of the success achieved as a result of the greater attention that is being given to rat-proofing of new ships, together with the increasing number of shipowners who have found it beneficial to provide permanent bait boxes containing anticoagulant in the cargo holds and 'tween decks.

Summary of Rodent Activity found in Foreign-Going Ships and the number of Rats caught during the five-year period 1958—1962

<i>Year</i> <i>Rats per Ship</i>	<i>1962</i>		<i>1961</i>		<i>1960</i>		<i>1959</i>		<i>1958</i>	
	<i>Total Rats</i>	<i>No. Ships</i>	<i>Total Rats</i>	<i>No. Ships</i>	<i>Total Rats</i>	<i>No. Ships</i>	<i>Total Rats</i>	<i>No. Ships</i>	<i>Total Rats</i>	<i>No. Ships</i>
1-5	45	15	29	12	7	3	12	7	31	10
6-10	10	1	46	6	28	4	34	4	—	—
11-15	48	4	23	2	13	1	12	1	—	—
16-20	—	—	—	—	35	2	17	1	35	2
21-25	—	—	—	—	—	—	22	1	25	1
26-30	—	—	—	—	—	—	—	—	—	—
31-35	—	—	—	—	31	1	33	1	—	—
36 & over	53	1	—	—	442	3	—	—	37	1
Totals	156	21	98	20	556	14	130	15	128	14

Experience at this port over the last few years has shown that permanent bait treatment used in a number of regular traders has been very satisfactory. It is to be hoped that more will adopt this method of rodent control in the future.

5. *Deratting Certificates and Deratting Exemption Certificates issued during the Year for Ships from Foreign Ports*

Deratting certificates were issued to three ships during the year. The issue of two of these certificates was in respect of vessels subjected to routine disinfection. A total of ten rats was recovered. The third certificate was issued to the vessel mentioned above.

Deratting exemption certificates were granted to 164 ships.

TABLE E

Rodents Destroyed During the Year in Ships from Foreign Ports

<i>Category</i>	<i>Number</i>
Black rats	156
Brown rats	—
Species not known	—
Sent for examination	78
Infected with plague	—

TABLE F

Deratting Certificates and Deratting Exemption Certificates Issued During the Year for Ships from Foreign Ports

<i>No. of Deratting Certificates issued</i>				<i>Total</i>	<i>Number of Deratting Exemption Certificates issued</i>	<i>Total Certificates issued</i>
<i>After fumigation with H.C.N.</i>	<i>Other fumigant</i>	<i>After trapping</i>	<i>After poisoning ("1080")</i>			
2	—	—	1	3	164	167

SECTION XIII

Inspection of Ships for Nuisances

Each year provides increasing evidence of improved standards and efficient maintenance of crew accommodation in ships of all nationalities trading at the port. This is having a most desirable effect amongst ships' crews who are paying more attention to personal hygiene and taking greater care of equipment and other accommodation facilities provided for their use.

TABLE G

Inspection of Ships for Nuisances

<i>Nature of defects and inspections</i>	<i>Notices served</i>				<i>Result of serving notices</i>		
	<i>No. of inspections carried out</i>	<i>Statutory</i>	<i>Informal</i>	<i>Forward (PHAs/MOT)</i>	<i>No. of defects found</i>	<i>Remedied</i>	<i>NOT Remedied</i>
Original construction					—	—	—
Structural wear and tear	2,965	—	51	3	40	25	15
Dirt, Vermin, etc.					227	216	11
Totals	2,965	—	51	3	267	241	26

Hygiene of Crews' Spaces

Vessels Trading Coastwise and Foreign

	<i>British</i>		<i>Foreign</i>		<i>Totals</i>
	<i>s.s.</i>	<i>m.v.</i>	<i>s.s.</i>	<i>m.v.</i>	
No. of revisits to vessels in dock by Inspectors ...	326	1,236	230	1,173	2,965
No. of vessels reported defective ...	33	61	19	54	167
No. of vessels—defects remedied ...	26	57	19	52	154

<i>DEFECTS</i> <i>Nationality</i>	<i>No. of Ships Inspected</i>	<i>Original Construction</i>		<i>Wear & Tear</i>		<i>Dirt & Vermin</i>	
		<i>No. of Ships</i>	<i>No. of Defects</i>	<i>No. of Ships</i>	<i>No. of Defects</i>	<i>No. of Ships</i>	<i>No. of Defects</i>
British s.s.	189	—	—	10	22	31	44
m.v.	1,335	—	—	9	17	56	80
Foreign s.s.	147	—	—	—	—	19	31
m.v.	1,011	—	—	1	1	57	72
Totals	2,682	—	—	20	40	163	227

<i>DEFECTS Nature</i>	<i>No. Defects</i>			<i>No. Defects reported by For'd Notices etc. to:</i>			<i>No. Ships</i>	
	<i>Found</i>	<i>Rem'd</i>	<i>Not Rem'd</i>	<i>Other PHA's</i>	<i>M.O.T. Surv'r</i>	<i>Owner Master</i>	<i>Brit- ish</i>	<i>For- eign</i>
Original Construction	—	—	—	—	—	—	—	—
Wear and tear	40	25	15	—	—	27	19	1
Dirt, Vermin and other causes	227	216	11	3	—	55	87	76
Totals	267	241	26	3	—	82	106	77

1. *Structural Defects*

No structural defects were found in British Ships during the year.

2. *Wear and Tear Defects*

Wear and tear defects were found in 20 ships (19 British and 1 foreign).

Total defects—40. Details are given in the accompanying table.

Summary of Wear and Tear Defects

<i>Nature of Defect</i>	<i>No. found</i>	<i>No. remedied</i>	<i>No. NOT remedied</i>
Choked and defective waste pipes ...	4	3	1
Defective soil pipes ...	6	6	—
Broken W.C. pans ...	4	3	1
Defective side scuttles ...	7	3	4
„ bath/shower fittings ...	4	—	4
„ galley stove (oil burners) ...	2	2	—
„ galley tables ...	2	1	1
„ galley stove funnel ...	1	1	—
„ doors ...	3	1	2
„ mosquito mesh doors ...	2	2	—
„ artificial lights ...	1	1	—
Leaking deck head ...	2	1	1
Broken deck (floor) sheathing ...	2	1	1
Total ...	40	25	15

3. *Dirt and Vermin Defects*

Very few defects due to dirt and vermin have been found this year. Two pronounced infestations by cockroaches were successfully treated.

Summary of Other Nuisances

<i>Nature of nuisance</i>	<i>No. found</i>	<i>No. remedied</i>	<i>No. NOT remedied</i>
Cockroach infestations ...	22	15	7
Bug infestations ...	4	4	—
Weevil infested storerooms ...	13	11	2
Neglected paintwork (crew qtrs.) ...	11	11	—
„ „ (galleys) ...	9	9	—
Blocked floor drainage scuppers ...	22	22	—
Dirty accommodation ...	11	9	2
„ galleys ...	7	7	—
„ galley fittings ...	16	16	—
„ pantry cupboards ...	7	7	—
„ refrigerated handling rooms ...	4	4	—
„ provision storerooms ...	5	5	—
Accumulation of refuse on deck ...	43	43	—
Quayside fouling ...	44	44	—
Total ...	218	207	11

4. *Smoke Nuisances*

Considerable attention has again been given to the control of smoke emission from ships, also tugs and other mechanically driven oil—or coal—burning craft plying within the precincts of the port. As a result of this it has been possible to follow the trend of previous years in the reduction of the number of both written and oral warnings that have had to be given in respect of black and dark smoke emission from foreign-going and coastwise vessels.

In the case of the one vessel which was observed to be emitting black smoke sufficient to constitute an offence, it was found that major defects affecting the boiler tubes, fan engines and pumps had developed during the homeward voyage. It was obvious that the various repairs would take some days to complete and the owners agreed to hire generators which would provide power for the dynamo and thus give adequate heating and lighting. In view of the unusual circumstances and the ready co-operation shown by the owners' representative no formal action was taken.

Oral warnings given were largely in connection with smoke emission of Ringlemann No. 2 shade. It was apparent from the ready and effective response to the warnings that in most modern ships—which predominate today—and in older ships where sufficient attention is given to machinery maintenance and effective fuel combustion, smoke emission can be eliminated altogether or at least easily maintained within the required limits.

The greatest problems have arisen in connection with excessive periods of dark smoke emission from tugs when they are raising steam and small tankers pumping supplies of oil to ships. Although the Regulations permit a period of emission totalling twenty minutes in the aggregate in any one hour, it is felt that with co-operation from all concerned this period could be reduced without impairing working efficiency.

The practice of issuing to all ships on arrival printed extracts of the law applicable to smoke emission has continued throughout the year.

SECTION XIV

Public Health (Shell-fish) Regulations 1934 and 1948

There are no shell-fish beds or layings within the jurisdiction of the Bristol Port Health Authority. The supply of shell-fish marketed in Bristol is obtained from other sources.

SECTION XV

Medical Inspection of Aliens and Medical Inspection of Commonwealth Immigrants

1. *List of Medical Inspectors Holding Warrants of Appointment*

Dr. R. C. Wofinden, Medical Officer of Health
 Dr. J. F. Skone, Deputy Medical Officer of Health
 Dr. G. N. Febry, Senior Medical Officer (Port)
 Dr. P. Tomlinson, Assistant Medical Officer
 Dr. A. M. Fraser, Assistant Medical Officer
 Dr. J. E. Kaye, Assistant Medical Officer

2. *Other Staff*

Nil.

3. *Organisation of Work*

The medical examination of aliens and Commonwealth immigrants is normally carried out at the time when a ship or an aircraft is visited for health control purposes. In all other cases the Medical Inspector is summoned to the airport or seaport at the request of the Immigration Officer who meets the arriving alien or Commonwealth immigrant. For this purpose a rota of Medical Inspectors is available.

4. *Accommodation for Medical Inspection and Examination*

When convenient, inspection and/or examination is carried out on board ship, by arrangement with the Master. If this is not possible, or if a detailed examination is required, suitable accommodation is available.

ALIENS ORDER, 1953

Medical Examination of Aliens

During the Year ended 31st December, 1962

*Seaport—Bristol, Avonmouth and Portishead

Airport—Bristol (Lulsgate)

		<i>Seaport</i>		<i>Airport</i>	
1.	Number of arriving (*ships/aircraft) carrying aliens ...	140	105		
2.	Total number of arriving aliens (excluding crews) ...	313	684		
3.	Total number of aliens medically examined ...	10	11		
4.	Reports and certificates for aliens medically examined:—				
<i>Nature of report or certificate</i>		<i>Total number of reports and certificates issued</i>		<i>Aliens NOT PERMITTED to land</i>	
		<i>Seaport</i>	<i>Airport</i>	<i>Seaport</i>	<i>Airport</i>
A.	Unsound mind or mentally defective ...	2	—	2	—
B (1)	Undesirable for medical reasons ...	—	—	—	—
B (2)	{ (a) Inability to support ...	—	—	—	—
	{ (b) Likely to require medical treatment ...	—	—	—	—
	{ (c) Inability to support and likely to require medical treatment ...	—	—	—	—
C.	Conditionally landed for further medical examination ...	—	—	—	—
Totals ...		2	—	2	—

Medical Inspection of Aliens
Annual Return of the Medical Inspector of Aliens for 1962

	SEAPORT				AIRPORT			
	TO-TAL	No. Inspected by Inspector	No. Subjected to detailed examination by the Medical Inspector	No. of Certificates issued	TO-TAL	No. Inspected by Inspector	No. Subjected to detailed examination by the Medical Inspector	No. of Certificates issued
(a) Total number of Aliens landing at the Port ...	307	78	10	—	684	31	11	—
(b) Aliens refused permission to land by Immigration Officer	6	—	2	2	—	—	—	—
(c) Total Aliens arriving at the Port ...	313	—	—	—	684	—	—	—
Total number of vessels/aircraft carrying alien passengers	INWARDS				OUTWARDS			
	Seaport	Airport			Seaport	Airport		
	140	105			108	108		
Number of vessels/aircraft dealt with by the Medical Inspector	140	105			—	—		

COMMONWEALTH IMMIGRANTS ACT, 1962

Medical Examinations
during the six month period ended 31st December, 1962

*Seaport—Bristol, Avonmouth and Portishead

Airport—Bristol (Lulsgate)

					<i>Seaport Airport</i>					
1.	Total number of arriving Commonwealth citizens subject to control under the Act				...	...	...	...	152	22
2.	Total number of Commonwealth citizens medically examined								20	—
3.	Reports and Certificates for Commonwealth citizens medically examined:—									
<i>Nature of report or certificate</i>					<i>Total number of reports and certificates issued</i>		<i>Number of Commonwealth citizens refused entry</i>			
					<i>Seaport</i>	<i>Airport</i>	<i>Seaport</i>	<i>Airport</i>		
A.	Suffering from mental disorder				...	—	—	—	—	—
B (1)	Undesirable for medical reasons				...	—	—	—	—	—
B (2)	Likely to require major medical treatment					—	—	—	—	—
Total					...	...	...	—	—	—

**Medical Inspection of Commonwealth Immigrants
Annual Return of the Medical Inspector—1962**

	<i>Seaport</i>			<i>Airport</i>		
	<i>No. Inspected by Medical Inspector</i>	<i>No. Sub- jected to de- tailed exami- nation by Medical Inspector</i>	<i>No. of Certifi- cates issued</i>	<i>No. Inspected by Medical Inspector</i>	<i>No. Sub- jected to de- tailed exami- nation by Medical Inspector</i>	<i>No. of Certifi- cates issued</i>
(a) Total number of Commonwealth Immigrants landing at the Port	152	20	—	22	—	—
(b) Commonwealth Immigrants refused permission to land by Immigration Officer	...	...	...	—	—	—
(c) Total Commonwealth Immigrants arriving at the Port	152	—	—	22	—	—

SECTION XVI

Arrangements for the Burial on Shore of Persons who have Died on Board Ship from Infectious Disease

The Council of the City and County of Bristol is also the Port Health Authority for the district. The ambulance and mortuary facilities of the City are therefore available for the conveyance and detention prior to shore burial of persons who have died on board ship from infectious diseases.

SECTION XVII

Imported Foodstuffs

Over 530,000 tons of foods intended for human consumption were discharged at the port during 1962. Imports of wheat amounting to 377,000 tons exceeded those of 1961 by 48,000 tons.

The tonnage of consignments of canned or dried fruit and coffee beans showed a total increase of over 9,000 tons. On the other hand there was a reduction of 10,000 tons in shipments of frozen meat, butter and other dairy products.

In an effort to avoid contamination and other conditions likely to have an adverse effect, supervision has been maintained throughout the year during the various stages of discharging, handling, storage and transportation of food cargoes.

Close contact and co-operation with officials of the stevedoring companies and the Port Authority have made it possible to obtain their immediate response to requests and advice regarding measures to be adopted to prevent the mis-handling and subsequent damage of foodstuffs.

In addition much time and attention has been devoted to matters connected with inspection and sampling, and, when necessary, detention, of various foods.

During the year, 1,263 samples of many varieties of foods together with 206 samples of frozen whole eggs and 907 samples of desiccated coconut were obtained for chemical and/or bacteriological analysis.

Of the 1,263 general samples dealt with, only a relatively few were found to be unsatisfactory.

The principal items of interest relating to imported foods are given below:—

1. *Frozen meat cargoes*

Constant surveillance has been maintained to ensure that adequate precautions were observed by all concerned to prevent dirt contamination during discharge and handling of frozen meat cargoes. Owing to lack of attention being paid to these requirements chiefly at United States and Continental ports where part cargoes had been discharged prior to arrival here, it was necessary to detain over 2,300 carcasses of sheep and lambs for inspection and reclothing.

Foods Condemned**Meats**

<i>Description</i>			<i>Reason for Condemnation</i>		<i>T</i>	<i>C</i>	<i>Q</i>	<i>lb.</i>
Lamb	...	...	Mould contam., decomposed, dockwater contam., brine stained, dirt contam.		5	8	2	14
Mutton	...	...	Mould and dirt contaminated	...		6	0	21
Beef	...	...	Mould and dirt contaminated	...		3	1	21
Offal	...	...	Mould, dirt and dockwater contaminated	...			1	10
Bacon	...	...	Abscess	...				9
Total weight					5	18	2	19

Canned Goods

<i>Description</i>			<i>Reason for Condemnation</i>	<i>No. of Tins</i>	<i>T</i>	<i>C</i>	<i>Q</i>	<i>lb.</i>
Fruit	...	...	Blown, rust, holed, crushed, burst leaking & metallic contamination	8,647	8	8	0	6
Meat	...	...	"	21,020	5	5	2	4
Tomatoes	...	...	"	5,000	2	8	2	6
Fruit juices	...	...	"	551	1	3	3	14
Tomato juice	...	...	"	188		11	3	11
Fish	...	...	"	452		4	1	6
Vegetables	...	...	"	172		3	2	3
Tomato paste	...	...	"	32		2	2	12
Jam	...	...	"	117		1	2	7
Condiments	...	...	Broken glass jars	92			2	24
					36,271			
Total weight					...	18	10	2 9

Fruit and Vegetables

<i>Description</i>			<i>Reason for Condemnation</i>		<i>T</i>	<i>C</i>	<i>Q</i>	<i>lb.</i>
Onions	...	...	Decomposed and dirt contamination	...	11	5	3	14
Citrus peel	...	...	Dirt contamination	...	3	5	1	15
Beans	...	...	Foul water contamination	...		7	1	0
Potatoes	...	...	Decomposed	...		6	0	20
Apples	...	...	Decomposed	...			2	4
Total weight					...	15	5	0 25

Miscellaneous

<i>Description</i>	<i>Reason for Condemnation</i>	<i>T</i>	<i>C</i>	<i>Q</i>	<i>lb.</i>
Wheat ...	Wet damage, decomp., oil & mould contam.	158	3	0	16
Flour ...	Ore, mould & chemical contamination ...	19	0	2	0
Dried fruit ...	Wet damage, fermented, mouldy ...	18	10	0	4
Milk powder ...	Dockwater contamination, mouldy ...	6	16	0	0
Coffee beans ...	Wet damage, mould, chemical contamination	3	4	3	19
Cheese ...	Dirt contamination, over-ripe, decomposed	2	0	1	23
Des. Coconut ...	Bacterial & mould contamination ...	1	19	2	24
Tea ...	Wet damaged & mouldy ...	1	7	3	10
Rice ...	Rodent & dirt contamination ...	...	15	1	12
Choc. Crumb ...	Oil contamination ...	...	13	3	0
B'kberry pulp ...	Dirt contamination ...	...	3	0	22
Spaghetti ...	Mould & dirt contamination ...	...	1	2	24
Groundnuts ...	Dirt contamination ...	...	...	1	7
Compound fat ...	Dirt contamination ...	...	...	...	14
Total weight		212	17	0	7

Details relating to Unsatisfactory Samples

<i>Commodity</i>	<i>Report</i>	<i>Action taken</i>
Canned lambs tongues	Bacterial contamination (streptococcal)	Negative results on repeat samples. No action taken
Wheat	Salt water and mould (penicillium) contamination	Dried and used as animal food
Canned hams	Bacterial contamination (streptococcal)	Surrendered for destruction
Flour	Chrome ore contamination	Reconditioned and used for animal food
Pork luncheon meat	Bacterial contamination (streptococcal)	Surrendered for destruction
Mussels in shells	Bacterial contamination	High bacterial count on original samples. Negative results on repeat samples. No action taken
Canned tomatoes	Hydrogen gas formation	Four consignments detained for 100% examination
Canned corned beef	Excessive lead contamination	Surrendered for destruction

Evidence of softening, mould contamination and decomposition was found amongst lamb carcasses on one vessel. This was due to a defect in the refrigerating machinery that had developed on the homeward passage and necessitated the detention of some 4,600 carcasses for complete examination. Over 4 tons were condemned as unfit for human food.

2. *Canned tomatoes*

During routine inspection of Italian canned tomatoes a relatively high percentage of blown and leaking cans was discovered. Three separate consignments were involved, all originating from the same canning factory. A similar type of can was involved in each case.

Initial 10 per cent sampling revealed that approximately 7 per cent of the cans were either blown or leaking. In addition, a considerable number of intact cans were underweight.

A test-weighing of 2,330 cans showed that the contents of 526 was less than declared weight on the lithographic label.

The importers were informed and requested to arrange a complete examination and to test-weigh the cans in each consignment.

In view of this the Italian proprietor of the can-producing factory visited the port.

It was apparent that faulty seaming of cans and inaccurate weighing at the time of canning were the causes of the trouble. These defects had obviously been overlooked by the factory employees.

It was later ascertained that shipments to other British ports were in a similar condition.

Examination of one consignment is now pending.

3. *Ceylon Desiccated Coconut*

Particulars of importations of desiccated coconut from Ceylon are given in the following tables.

The figures in Table 1 refer to consignments which have been manufactured, packed and shipped prior to the implementation of the Regulations introduced by the Ceylon Government in 1961 requiring improved hygienic standards in the various processes of manufacture and packing of this commodity. Of the initial 163 samples drawn from these consignments 12 (7.3 per cent) were infected with salmonella bacteria, whilst 10 of the 20 repeat samples taken were similarly infected.

Table 2 refers to consignments which had been subject to the legally required improved standards of production. The manufacturers' and shippers' registration numbers were stamped on each package. This shows clearly a marked reduction in the number of infected samples. Only 1 per cent of the initial 693 (6.9 per cent) samples obtained were infected and 5 (16.1 per cent) of the 31 repeat samples. This improvement is further emphasised by the fact that of the 369 samples taken from the twelve shipments discharged since August, 1962, only one sample was infected.

Assessment of the position in other United Kingdom ports where 5 per cent sampling is undertaken may reveal a similar improvement. Should this be so, the Association of Sea and Air Port Health Authorities would have very reasonable grounds for considering the advisability of relaxing in some measure the present arrangements for sampling and detention of this commodity.

Disposal of Salmonella infected parcels was as follows:—

Surrendered for destruction	...	...	10 x 100 lb. bags
Exported to Germany	...	...	25 x 130 lb. cases
			75 x 100 lb. bags

(The necessary guarantee was obtained from the German importers, also the Medical Officer of Health for Hamburg before release for shipment).

Controlled sterilisation at an approved heat treatment centre	...	...	25 x 130 lb. cases
			76 x 100 lb. bags

(The approval of the Medical Officer of Health concerned was obtained in each case).

4. *Australian Frozen Whole Eggs*

Only one consignment (3,961 x 28 lb. tins) of this was discharged at the port during 1962. This originated from one factory and was divided into 25 batches from which 206 samples (5 per cent) were obtained for bacteriological analysis.

Samples from seven batches were infected with food poisoning organisms. Details of the analysis are given in the following table:—

TABLE 1. Samples taken BEFORE the Ceylon Government Regulations became effective

Grade	No. pkgs.	Initial 5% samples			Repeat 10% samples				Salmonella Organisms
		No. samples	Neg- ative	Pos- itive	% positive	No. samples	Neg- ative	Pos- itive	
Fine	145 cs.	11 (7.6%)	10	1	9	4	2	2	(2) Para. B.
Fine	1223 bgs.	94 (7.7%)	85	9	9.5	16	8	8	(4) bareilly (2) hvittingfoss (2) muenster
Medium	155 cs.	10 (6.4%)	10	—	—	—	—	—	—
Medium	625 bgs.	48 (7.7%)	46	2	4.1	—	—	—	—
TOTAL	2148 —	163 (7.6%)	151	12	7.3	20	10	10	50 —

Table 2—Samples taken AFTER the Ceylon Government Regulations became effective

Grade	No. pkgs.	Initial 5% samples			Repeat 10% samples				Salmonella Organisms
		No. samples	Neg- ative	Pos- itive	% positive	No. samples	Neg- ative	Pos- itive	
Fine	130 cs.	25 (19.2%)	25	—	—	—	—	—	(1) typhimurium
Fine	5397 bgs.	368 (6.8%)	364	4	1.1	15	12	3	(1) perth (1) senftenberg (1) solna (1) chittagong
Medium	445 cs.	32 (7.2%)	30	2	6.3	11	9	2	18 —
Medium	4028 bgs.	268 (6.7%)	264	1	0.37	5	5	—	—
TOTAL	10000 —	693 (6.9%)	683	7	1.0	31	26	5	16.1 —

Samples of Australian Frozen Whole Eggs

<i>No. of infected batches</i>	<i>No. of batch samples infected</i>	<i>No. of tins involved</i>	<i>Organism isolated</i>
3	6	561	Salm. typhimurium
3	4	235	Salm. hessarek
1	1	25	Salm. bareilly
<hr/> 7	<hr/> 11	<hr/> 821	Totals

The 821 x 28 lb. tins involved were detained at the cold stores pending suitable disposal. Ultimately with the approval of the Medical Officer of Health, Hammersmith, they were released for heat treatment at the approved heat treatment centre within his area and for further sampling prior to release for human consumption.

Imported Foodstuffs Examined by Analyst or Bacteriologist

<i>Country of Origin</i>	<i>Canned Fruit</i>	<i>Canned Meat</i>	<i>Canned Fish</i>	<i>Canned Veg.</i>	<i>Dried Fruit</i>	<i>Fresh Fruit</i>	<i>Conserves</i>	<i>Des. Coconut</i>	<i>Fruit Juices</i>	<i>Misc. Canned</i>	<i>Misc. Other</i>	<i>Egg</i>	<i>TOTAL</i>	<i>UNSATISFACTORY</i>
Argentina	—	215	—	—	—	—	—	—	—	—	—	—	215	118
Australia	7	74	—	—	3	—	4	—	—	—	—	206	294	11
Belgium	—	40	—	2	—	—	—	—	—	—	—	—	42	—
Bulgaria	—	—	—	6	—	—	—	—	—	—	—	—	6	5
Canada	12	—	12	22	4	3	—	—	4	1	4	—	62	—
Ceylon	—	—	—	—	—	—	—	907	—	—	3	—	910	32
China	—	—	—	2	—	—	—	—	—	—	—	—	2	—
Czech.	—	4	—	2	—	—	1	—	—	—	—	—	7	—
Denmark	—	3	—	—	—	—	—	—	—	2	2	—	7	—
Eire	—	5	—	2	—	—	5	—	—	5	15	—	32	—
Germany	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Holland	7	40	6	10	—	—	—	—	—	6	16	—	85	2
Hungary	—	—	—	2	—	—	14	—	—	—	—	—	16	—
India	—	—	—	—	—	—	—	—	—	—	4	—	4	—
Indonesia	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Iran	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Israel	2	—	—	—	—	15	—	—	1	—	—	—	18	—
Italy	4	2	—	216	—	1	1	—	—	2	3	—	229	69
Japan	11	—	80	—	—	—	—	—	—	—	—	—	91	—
Kenya	—	10	—	—	—	—	—	—	—	—	4	—	14	—
Malaya	2	—	—	—	—	—	—	—	—	—	—	—	2	—
N.Z.	—	4	—	—	—	—	—	—	—	—	4	—	8	1
Norway	—	2	—	—	—	—	—	—	—	—	1	—	3	—
Pakistan	—	—	2	—	—	—	—	—	—	—	—	—	2	—
Portugal	—	—	20	—	—	—	—	—	—	—	—	—	20	2
S. Africa	32	68	21	14	1	—	5	—	4	—	1	—	146	—
Spain	23	—	—	5	—	—	—	—	—	—	—	—	28	—
Switzerland	—	4	—	—	—	—	—	—	—	—	3	—	7	—
Turkey	—	—	—	—	1	—	—	—	—	—	—	—	1	—
U.S.A.	9	6	6	6	13	2	—	—	21	—	3	—	66	—
E. & W. Af.	—	34	—	—	—	—	—	—	—	—	16	—	50	1
Ships Stores	1	—	—	—	—	—	1	—	—	4	—	—	6	6
Total	111	511	147	289	23	21	31	907	30	20	80	206	2376	*
Unsatisfactory	—	119	2	74	—	—	2	32	—	5	2	11	*	247

5. *Canned Corned Beef*

The batch in question amounted to 14,700 cans and in view of the quantity involved the importers were of the opinion that the samples taken were not truly representative of the whole and that they were insufficient to warrant rejection of all the cans as being unsatisfactory for human food.

After consultation with the City Analyst and the importers' technical advisers it was agreed that two cans (suitably marked and indentified) should be drawn from each of the 300 cartons, half of the samples to be analysed at the importers' laboratory and the other half by the City Analyst.

The lead content figures ranged from within the recommended limit to as high as 67 parts per million. Metal fragments were found in 15 samples. The results obtained from both laboratories were remarkably similar and they finally confirmed that 69 per cent and 70 per cent respectively of the repeat samples contained lead in excess of 10 parts per million.

In view of this the importers agreed to surrender the remaining 307 cartons for destruction. They also recognised the need to remedy any faulty procedure in soldering and canning at their Argentine factory in order to avoid contravention of the Lead in Food Regulations, 1961, which came into operation in April, 1962.

Efforts in this direction appear to have been effective as the lead content of numerous samples taken from recent consignments have been within the legally prescribed limits.

SECTION XVIII

Other Matters

1. *Measures taken against Rodents on Docks, Quays, etc.*

Avonmouth Dock, which has numerous large flour and provender mills and warehouses where thousands of tons of raw and processed foodstuffs are stored, provides ideal sites for rats and mice to thrive. Rodent operators of the Port Health Authority have therefore throughout the year made frequent inspections of all these premises and adjoining land within the dock and also at the adjoining Chittening trading estate.

Trapping or poison bait treatment has been applied as necessary. This continuous process of inspection and treatment has made it possible to rid a number of premises, particularly transit sheds, of what may well have been persistent rodent activity.

Further attention was again directed towards eliminating unnecessary rodent harbourages in some of the provender mills. Mill owners have been most co-operative. Rat-proofing of roof spaces, underground conduits and belt runways, however, always presents problems. To meet our requests some of the mills have placed permanent poison bait boxes at readily accessible points in these spaces, so that they can be refilled as necessary. It is not possible to state the number of rats that were poisoned by this method during the year, but 23 brown and 68 black were caught by trapping. Of these 18 were sent to the Public Health Laboratory for examination and were reported to be free of infection with *Pasteurella pestis*. A total of 15 mice was also recovered.

2. *Factories, Canteens and Messrooms*

Owing to shortage of staff for a considerable period of the year, the normal frequency of inspection of these premises was of necessity reduced. Quarterly visits, however, were maintained.

The general standard of cleanliness and repair of sanitary accommodation was reasonably good, as were also the hygiene conditions found in private and public canteens.

Items of disrepair, lack of cleanliness and failure to comply with certain provisions of the Food Hygiene Regulations were discovered however. These matters received the required attention when brought to the notice of the firms concerned. The following tables summarise the defects noted above:—

Factories—Sanitary Accommodation

Defective W.Cs.	...	...	...	...	...	7
Defective and insanitary W.Cs. (temp. building—now demolished)	...	...	...	...	...	1
Defective flushing arrangements	...	...	...	...	...	4
Dirty walls and/or floors	...	...	...	...	...	11
Defective floors	...	...	...	...	...	2
Dirty W.Cs.	...	...	...	...	...	14
Blocked soil pipes	...	...	...	...	...	11
Broken wash basins	...	...	...	...	...	3
Dirty wash basins	...	...	...	...	...	9
Defective drainage to floor	...	...	...	...	...	4
Dirty wash places	...	...	...	...	...	3

Canteens and Messrooms

Absence of "Hygiene" Posters	...	...	...	...	4
Defective crockery washing machines	...	...	...	...	1
Inadequate kitchen ventilation	...	...	...	...	1
Incomplete First-Aid Outfits	...	...	...	...	2
Dirty walls and/or floors	...	...	...	...	6
Defective sink drainage	...	...	...	...	3
Dirty hot plates	...	...	...	...	6
Defective draining boards and splashbacks	...	...	...	...	2
Inadequate ventilation of cloakroom & W.C. accommodation	...	...	...	...	2
Defective wash-up sinks	...	...	...	...	3
Insanitary refuse bins	...	...	...	...	5

Late in August the manager of an industrial establishment at Avonmouth Dock reported that a number of his staff had complained of headache and diarrhoea starting about six hours after they had eaten their mid-day meal at the firm's private canteen.

The symptoms and duration (about twelve hours) of the illness seemed typical of a mild enteritis. None was severely affected and there was no absence from work. Further investigation revealed that only 32 had been affected of the 115 persons who had partaken of a mid-day meal at the canteen that day. A number were interviewed and the canteen staff questioned regarding the menu. It was possible to pin-point the trouble to the consumption of reheated surplus meat gravy which had been kept at room temperature for about 24 hours.

Bacteriological confirmation was not possible as the remainder of the gravy had been thrown away.

The manager of the catering contractors was told that although confirmation was not possible, it was almost certain that the gravy had been the source of the trouble. The fact that the gravy had been stored for some 24 hours before use indicated clearly that no attention had been paid to the provisions of Regulation 25 (3) of the Food Hygiene Regulations, a matter which could have had serious consequences.

This was an exceptional situation where the chef had disregarded the rule which prohibits the retention and reheating of surplus gravy. Normally a fresh supply is prepared as required and ironically enough the standard of cleanliness and general hygiene in this canteen has always been good.

3. *The Food Hygiene (Docks, Carriers, etc.) Regulations, 1960*

To meet the provisions of the above Regulations, the Port Authority has constructed another modern, well-designed W.C. with hand-washing facilities in close proximity to the berth most commonly used for discharging and dispatching frozen meat cargoes.

Requests have also been made to the Port Authority to carry out certain comparatively inexpensive alterations to the existing W.C. accommodation provided at various other berths, including the installation of permanent washing units.

Whereas the Port Authority acknowledges that these requests have merit, it felt that provision had already been made for what was legally required. It is hoped that in the near future favourable consideration will be given to the provision of hand-washing facilities for dock workers at all discharging berths. This would be in keeping with the port's progressive outlook and willing co-operation in various other matters with which the Port Health Authority has been directly concerned.

Having finally reached an understanding with representatives of British Railways and the Port Authority, the practice of using "sterile straw" as a covering for the floor of insulated meat vans and containers has now been discontinued. Furthermore, the carriage of frozen meat must be confined to vans and containers whose floors are covered with clean duck boards or are lined with an impervious material.

Considerable attention has also been given to the general cleanliness of meat vans and containers used by road transport companies. Due no doubt to adopting the correct attitude to this matter over the past two years, it was necessary only twice to prohibit the loading of meat vans which did not comply with the standards laid down in the Regulations. In each case the firms in question—one in Derby and the other in Liverpool—were sent a written notice of the legal requirements and warned that action would be taken in the event of any future infringement.

SPECIAL REPORTS

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WILLIAM BUDD HEALTH CENTRE

Tenth Annual Report — 1962

Staffing

During the early part of the year, Miss Balsdon, the Sister-in-Charge, was faced with staffing difficulties. Owing to marriage and other domestic reasons, resignations of nursing staff were more frequent and for long periods the Centre could only be staffed on a temporary basis. Later in the year, carefully drafted advertisements attracted some very good applications and the end of the year found the Centre very satisfactorily staffed.

Miss M. West, Deputy Sister-in-Charge, resigned at the end of March and it was not until the beginning of November that Mrs. M. O'Brien replaced her.

Mrs J. Green, one of the secretaries left at the end of July and was succeeded by Mrs. P. A. Bennett.

Mrs. E. A. Watts, specialist health visitor commenced in July and the scope of her duties is discussed later.

The changes of clinic nurses were:—

Miss E. P. Riddle, commenced 6th January, 1962.

resigned 31st October, 1962.

Miss V. Selway, commenced 1st February, 1962.

Mrs. S. L. Munday, resigned 31st May, 1962.

Miss G. Cowland, commenced 7th August, 1962.

Miss A. H. Merrett, commenced 22nd October, 1962.

Committees

The House Committee met formally on the 26th March and a Joint Advisory Committee was held on the 8th October.

At the latter meeting, the functions and duties of the Joint Advisory Committee and the House Committee were reviewed. It was agreed that the existing machinery to deal with policy matters and the day-to-day management of the Health Centre is working satisfactorily and confirmed that the Joint Advisory Committee need only meet as and when required and not necessarily at the Centre.

Consideration was also given to the widening of the scope of the Joint Committee to lay down policy affecting any further health centres to be erected in the City but it was thought advisable to reconstitute the committee when necessary.

Morbidity Statistics

During the year, consideration has been given to the possible use of a punched card system for research. An offer was received from the Research Unit of the College of General Practitioners to interpret any statistical analysis on continued morbidity.

Diabetic Survey

A scheme to carry out a diabetic survey of a selected group has been approved and the doctors have agreed to allow their 50+ patients to be approached for urine testing. Approximately 2,200 patients will be covered by the survey. The Records Officer and the Nutritionist will supervise the research and health visitors will be provided for the visiting and testing.

Domiciliary Nursing Service

Efforts to recruit a nurse keen to gain experience as a member of a "family doctor team" in an experimental field of the domiciliary medical services have been successful and a specialist health visitor is now attached to the Health Centre.

Geriatric Clinic

Consideration is being given to the provision of a Local Authority medical officer to provide a geriatric clinic with the co-operation of the general practitioners. The clinic would cover simple tests on vision, urine, cardiovascular system, haemoglobin level and cell count, and evidence of endocrine abnormality and the like. The initial examination and assessment would be followed by advice on personal health problems, diet, accident prevention, social welfare and aids to mental health. The specialist health visitor will take over some of this health education work.

School Health Service

The procedure by which the family doctor is advised when school children on his list are referred to consultants has been studied.

Discussions with teachers are proceeding to effect closer liaison with the doctors.

Chiropody Clinic

A weekly Chiropody Session has been held at the Centre, and is greatly appreciated by the patients. Seventy-seven patients have made 350 attendances during the year.

Relaxation and Parentcraft Classes

The above classes have continued successfully and have been attended by 67 mothers, who have made 232 attendances. Four evening sessions have also been held and these were well supported by mothers and fathers, making a total of 159 attendances.

Nutrition Clinic

During 1962 the dietitian attended for 47 sessions; 109 new patients were referred, mostly because of over-weight and supervision of progress involved a total of 580 attendances. Talks about nutrition were given regularly throughout the year to expectant mothers attending the Centre, and some home visits to diabetics in the locality were made.

Child and Family Guidance

A team from the Child and Family Guidance Clinic has continued to work at the William Budd Health Centre in 1962, the whole team attending once a month mainly for diagnostic purposes, and the Psychiatric Social Worker attending once a week.

Mrs. Gatliff retired in March and Miss Shearman took over the psychiatric social work.

A new psychologist, Mr. Herbert, was appointed in the summer.

Thirty-seven new patients were referred, of whom 19 were examined by the whole team, 9 by the P.S.W. alone, and 6 by the Psychologist alone. Three did not keep the appointments offered. Of the total referred 9 were under the age of 5 years.

There have been 172 interviews with old patients. Twelve patients have attended at regular intervals for follow-up purposes. Eleven mothers have attended weekly or fortnightly for periods of regular supervision.

Attendance at the Child and Family Guidance sessions has, on the whole, been very good. Many mothers have expressed appreciation of the opportunity to discuss their child-rearing problems more fully.

Table 1—William Budd Health Centre Practice—Age-Sex Census of Patients at 31st December, 1962

AGE GROUPS	PRACTICE					TOTALS		SEX		%
	"A"	"B"	"C"	"D"	"E"			M.	F.	
0-4	463	49	299	191	212	1,214	624	590	10.2	
5-9	545	71	282	100	253	1,251	637	614	10.5	
10-14	512	78	326	198	195	1,309	646	663	11.0	
15-19	389	53	301	148	222	1,113	551	562	9.4	
20-24	329	48	223	115	206	921	462	459	7.8	
25-29	323	45	184	149	181	882	458	424	7.4	
30-34	337	37	164	154	150	842	463	379	7.1	
35-39	280	56	183	104	134	757	409	348	6.4	
40-44	255	43	175	76	123	672	359	313	5.7	
45-49	226	28	127	85	101	567	271	296	4.8	
50-54	235	37	133	106	120	631	327	304	5.3	
55-59	187	32	115	100	123	557	284	273	4.7	
60-64	154	26	87	89	103	459	219	240	3.9	
65-69	102	18	55	47	79	301	131	170	2.5	
70-74	66	10	36	47	43	202	73	129	1.7	
75-79	38	9	23	20	25	115	46	69	1.0	
80-84	25	3	11	9	6	54	15	39	0.5	
85-89	6	1	3	3	3	16	7	9	0.1	
90+	1	1	—	1	1	4	1	3	—	

During the last year there has been an increase of 164 patients on the lists of the doctors working at the Health Centre. Since the Centre opened late in 1952, the total list shows an increase of 2,394, i.e. 25 per cent.

1952:—9,473 1962:—11,867

N.B. Some of the increase of patients on lists is due to a transfer from the doctors' main surgeries on the periphery of the estate.

Table 2—Patients' Attendances at the Centre

Doctors	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Totals		Yearly Average Att'dances per Patient
	1961	1962	1961	1962	1961	1962	1961	1962	1961	1962	
A	3,879	3,948	2,865	2,848	2,924	2,620	3,172	3,299	12,840	12,715	2·8
B	680	621	579	451	511	466	569	544	2,339	2,082	3·2
C	2,655	2,499	2,021	1,889	1,992	2,059	2,079	2,182	8,747	8,629	3·2
D	1,732	1,881	1,327	1,425	1,323	1,346	1,435	1,624	5,817	6,276	3·6
E	1,916	1,818	1,532	1,407	1,463	1,493	1,549	1,606	6,460	6,324	2·8
TOTALS	10,862	10,767	8,324	8,020	8,213	7,984	8,804	9,255	36,203	36,026	3·0

Average attendances, all practices per day (incl. Saturday) 117

Table 3—Volume of work Undertaken by the Nursing and Medical Staff in the Minor Surgery Theatre
(electro-cardiograms included)

Doctors	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Totals		Yearly Average Att'dances per Patient
	1961	1962	1961	1962	1961	1962	1961	1962	1961	1962	
A	2,299	2,168	1,842	2,284	2,078	1,710	1,887	2,190	8,106	8,352	1·9
B	87	150	66	174	95	255	38	466	286	1,045	1·6
C	491	326	390	550	478	522	265	971	1,624	2,369	0·9
D	292	296	304	571	264	537	275	1,093	1,135	2,497	1·4
E	399	308	405	551	404	433	350	984	1,558	2,276	1·0
TOTALS	3,568	3,248	3,007	4,130	3,319	3,457	2,815	5,704	12,709	16,539	1·5
SCHOOLS:	11	—	—	—	—	—	—	—	11	—	—
CASUALS:	267	104	281	331	259	339	123	520	930	1,294	Average treatments per day (incl. Saturday) 56
FULL TOTAL:	3,846	3,352	3,288	4,461	3,578	3,796	2,938	6,224	13,650	17,833	

Table 4 — General Practitioner—Maternal and Child Welfare

				1959	1960	1961	1962
Sessions	...	...	...	243	225	223	238
Mothers attended	...	...	...	1,374	1,579	1,796	2,114
Average	...	...	...	5.6	7.0	8.0	8.9

Table 5 — Number of patients referred to Hospital Specialists (all Doctors)

Year	Orthop.	Paed.	Phys.	Surg.	E.N.T.	Gyn.	Total
1958	107	50	307	227	252	116	1,059
1959	134	53	319	296	258	151	1,211
1960	170	69	319	342	245	153	1,298
1961	175	53	279	314	232	123	1,176
1962	157	54	348	308	290	155	1,312

Table 6

Year	Chest x-ray	Other x-ray	Ear Swabs	N & T Swabs	Other Swabs	Urines	Bloods	Total
1961	95	29	54	51	41	58	67	395
*1962	86	37	203	68	126	219	281	1,020

Note—*This is the first full year of these extended services

The number of patients referred for X-ray does not include referrals dealt with by the doctors personally. In addition, the referrals to hospital specialists relate only to those made by the secretaries during day-time surgeries; the figures for urines, bloods and swabs only refer to specimens sent for laboratory testing; urine tests actually done at the health centre are not shown.

Table 7 — Record of Special Treatments and Investigations carried out at William Budd Health Centre

Year	Heat Treats.	E.C.G.	Cautery	E.S.R.	Hb.	Photometer	
1961	657	65	19	25	454		
					992	Ante-natal	1,446
1962	735	43	24	68	1,210		
					946	Ante-natal	2,156

Note The number of E.C.G.'s are lower this year because the machine was out of order for a period.

The large increase in the number of Hb's are due to a Survey carried out by Dr. H. I. Howard.

Table 8 — Emergency Calls

Year	Number of night calls— Doctors	Number of night calls— Sisters	Total
1958	617	305	922
1959	645	378	1,023
1960	820	400	1,220
1961	1,481	438	1,919
1962	1,464	*—	1,464

*The service for night calls—sisters—was discontinued from 14th November, 1961.

Table 9—Local Authority Work—Maternal and Child Welfare

				1961 Sep. to Dec.	1962
Medical Officer's Sessions	...	...	...	16	46
Mothers attended	...	...	...	75	156
Average	...	...	...	4.7	3.4
Midwives' Sessions	...	...	...	43	33
Attendances	...	...	...	245	230
Average	...	...	...	5.7	7

HEALTH EDUCATION

P. Mackintosh
(*Health Education Officer*)

Monthly Bulletin and School Bulletin

The Monthly Bulletin of the Medical Officer of Health, with its increasing circulation, appeared regularly throughout the year. The Bulletin, now in its sixth year, continues to perform a valuable link between the Department and every doctor and consultant in the City.

The following gives some idea of the wide field of topics covered by the Bulletin, and as can be seen, the authors of the various articles are not confined to Officers of the Department.

<i>January</i>	—	“Some Points from the Statistical Review of the Medical Officer of Health for 1961”.
		“Smallpox Vaccination”.
<i>February</i>	—	“Tuberculosis in Bristol”.
<i>March</i>	—	“Chromatographic Analysis in Public Health” (Contributed by the Scientific Adviser)
<i>April</i>	—	“Education for Retirement”.
		(Contributed by the Chief Education Officer)
		“Banknotes and Bacteria”.
<i>May</i>	—	“Research by Public Health Departments”.
		“Cremation Acts 1902—1952”.
<i>June</i>	—	“Foreign Travel Vaccination”.
<i>July</i>	—	“The Centenary of Health Visiting”.
		(Contributed by the Health Visitor Tutors)
<i>August</i>	—	“Community Eradication of Poliomyelitis by the use of Oral Poliomyelitis Vaccine”.
<i>September</i>	—	“The Problem of Noise”.
<i>October</i>	—	“Seasonable Accidents—Fireworks”.
		(Contributed by the Deputy Chief Constable).
<i>November</i>	—	“Food Additives, Part I”
<i>December</i>	—	“Food Additives, Part II”
		(Both by the Scientific Adviser)

Each month, the Bulletin contains a section devoted to Reports and Notices and the Notifications of Infectious Diseases.

In an earlier Annual Report it was suggested that a Bulletin for schools might prove to be as effective a health education weapon, as the Monthly Bulletin. In the Spring Term of 1962 this new Bulletin was launched. The intention is that the Schools' Bulletin shall appear once each term; that each issue will contain one or two articles of special interest to teachers, a section devoted to the review of new health education material and perhaps eventually, articles or questions submitted by teachers.

The Spring Term contained two articles which had appeared in earlier issues of the Monthly Bulletin. These were:—“Health Education”—by the Health Education Officer and “The Maintenance of Dental Health and the Prevention of Dental Disease”, by the Professor of Dental Surgery, University of Bristol. The Review Section contained accounts of the Department's own films on handicapped children and a note of a new flannelgraph on “The Use of Leisure”.

With the increasing amount of overseas travelling by parties of school children, the Summer Term Bulletin contained an article on "Foreign Travel Vaccination"; there was too, an account of the "Smoking Habits and Attitudes" of two groups of 13—14 year old boys and girls in a Bristol Secondary School. A school medical officer reviewed two books—"Your Health" and "Your Friends" and the School Organiser for Physical Education sent in a review of the Ministry of Education's Pamphlet No. 41 "Camping and Health". A review of a new 16mm film "Nothing to eat but food" was also included.

The Autumn Term Bulletin contained articles on "Enuresis" and the "Problem of Noise", both contributed by school medical officers. Three books were reviewed, the reviewers being the Chief Inspector for Schools, a Headmaster of a Junior Mixed and Infants' School and the Education Department's Inspector of Domestic Subjects.

It is apparent from the foregoing that both the Monthly Bulletin and the Schools' Bulletin contain contributions from persons within and outside the Health Department. The School Bulletin has got off to an encouraging start and already for 1963 we have the promise of the first article by a Bristol school teacher.

It would not be amiss to mention here that each month and now each term as well, when a Bulletin has been despatched, officers of the Section breath a sigh of relief; but there is usually only time for one sigh—the next month's or next term's Bulletin have to be thought about—subjects:—a very wide scope; authors?—"Aye there's the rub!"

Health Visitors' Education Committee

The Committee of health visitor representatives met on three occasions during the year. For some time it has been thought that a series of slides, depicting the work of the health visitor would be of great value. Through the Committee's own efforts, stimulated by the enthusiasm of the Deputy Chief Nursing Officer and the Health Visitor Tutors, the Department now has a collection of nearly 100 coloured slides, showing the many aspects of the work of health visitors, and school nurse, and health visitors in training. During the year, health visitors have made considerable use of these slides when giving talks.

Smoking and Health

During the year, the report on 'Smoking and Health' was published by the Royal College of Physicians. As a result of this Report, the Minister of Health and the Minister of Education, stated that the most important step to be taken was the positive discouragement of smoking among children and young people.

Discussions took place between representatives of the Health and Education Committees and others, such as representatives of the tobacco industry. The Principal School Medical Officer and the Chief Education Officer met the Teachers' Consultative Committee.

As a result of these discussions, a letter signed jointly by the Medical Officer of Health and the Chief Education Officer was sent to every school Head in Bristol, suggesting that the problem of smoking and health should be dealt with in schools as part of the general programme of health education. Heads were told that the Principal School Medical Officer and his staff were always ready to advise upon the content of health education in schools and to provide visual and other aids as well as specialist lecturers when there was a particular need.

Considerable emphasis was placed on the good example which the teaching staff should set.

The letter was distributed in mid-November, so that by the end of the year only one or two schools had sought assistance. In each case, an Assistant Medical Officer spoke to the children, illustrating his talk with a flannelgraph or the film "1 in 20,000".

Fluoridation of Public Water Supplies

With the publication of the Report on Fluoridation of Public Water Supplies, local health authorities were given official approval for the artificial fluoridation of water supplies in those districts with an inadequate fluoride content.

The water supplied by the Bristol Water Company contains no more than a trace of flouride, so there appear to be good grounds for artificial fluoridation in the area. The Water Company supplies neighbouring districts as well as the City and in August the Medical Officer of Health wrote to the Medical Officers' of Health of neighbouring districts, inviting them to attend a meeting in Bristol, to discuss the subject.

The meeting was attended by Dr. Dalzell-Ward, Medical Director of the Central Council for Health Education. At the meeting it was agreed that Dr. Dalzell-Ward should be invited to test public opinion in the area. Later, the Health Committee agreed to the proposal, with the additional request that at any public meeting which might be held, the "anti-fluoridationists" should be allowed to have a platform speaker.

On 12th and 13th November, a series of seven meetings were held, as outlined below.

The purpose of these meetings was two-fold:

- (a) to test out the most effective methods of communication, and
- (b) to assess the tone of public opinion on the subject.

Monday, 12th November

3.0 p.m. Dr. Dalzell-Ward addressed the third year students at Redland Training College. Men and women were present, the age range being approximately 19—24 years.

8.0 p.m. A public meeting was held in the Museum Lecture Theatre. Alderman Forde, Chairman of the Health Committee was in the chair, and the audience were addressed by Professor A. I. Darling, Professor of Dental Medicine, speaking "for fluoridation", and Dr. C. G. Dobbs, of University College of North Wales, speaking against fluoridation. Dr. Dalzell-Ward spoke on the public relations aspect of the subject. Dr. Ward used slides and a short film to illustrate his talk.

Although the seating capacity of the Lecture Theatre is 400, over 700 tickets were issued, including 65 to the Bristol Pure Water Association; the theatre was just half-full, the majority of the audience being students, with a few members of the Pure Water Association. Questions afterwards came mainly from this latter group.

On the same evening at Brislington School, Dr. Sasieni, Deputy Director of the C.C.H.E. and Professor Bradford, Professor of Dental Surgery addressed a meeting of parents. Although over 4,000 invitations were sent out to parents, only 12 people attended.

From both meetings, it would appear that opinions on the subject of fluoridation were not likely to be very strong, either for, or against fluoridation.

Tuesday, 13th November

1.40 p.m. Dr. Dalzell-Ward addressed the members of Bristol Rotary Club. About 100 members were present; in his talk Dr. Ward urged the members to do all they could to cultivate a favourable public opinion on the subject of fluoridation.

2.0 p.m. The Education Officer and Deputy Education Officer of the C.C.H.E. addressed members of a Young Wives' Group; films and slides were shown and group discussion took place. The general attitude of the Young Wives was "if the Public Health Department thinks that fluoridation of our water is a good thing, then we support it".

2.30 p.m. The Deputy Director of the C.C.H.E. spoke to representatives of the Bristol Home Safety Council, people representing some 48 different voluntary and statutory organisations.

8.0 p.m. Dr. Dalzell-Ward met 8 members of the Bristol Pure Water Association, in a session which lasted over two hours. Questions were answered and a discussion took place. The general tone of the meeting was amicable.

The visit to Bristol by the C.C.H.E. team was a very elementary probe of public opinion in an urban area. It was felt that apart from members of the Pure Water Association, most audiences accepted the fact of fluoridation of public water supplies with little or no comment.

Films and Film Shows

The two sets of 16mm. sound film equipment were in use consistently throughout the year. Films were used on 376 occasions by officers of the Department. The average number of screenings per month was 31; the summer months are usually fairly quiet, but during 1962, the number of film shows were just below the average figure. In addition at the Flower Show on three consecutive days 54 shows were performed.

In April, a Technician's post was created, the individual to be responsible for arranging all film shows, run the film hire service, and in general maintain the cine equipment, slides and film strip projectors, etc.

The three films, "Marlborough House", "Claremont" and "The Helping Hand" continued to be in great demand and during the year they were hired out on 79, 65 and 52 occasions respectively.

During the summer, Mr. Philip Grosset of the Bristol Cine Society, returned to Claremont School, to make yet another film entitled "Back to Claremont". The film should be ready for distribution in 1963, and will depict the progress made by some of Claremont's children, who appeared in the original film.

Bristol Home Safety Council

Annual Home Safety Competition

The Ethel Boyce Memorial Rose Bowl was offered as a prize in a competition organised among the Old Age Pensioners' Associations. Branch Secretaries were asked to submit their members' ideas on "What Constitutes a safe Home for Elderly People". Eight Branches entered for the competition and the entries were adjudicated by Mr. Singer (City Architect's Department), a representative of the Housing Department, Miss Samman of the Old People's Welfare and Mrs. Sweet of the Home Safety Council. The winning entry

was submitted by the Ashton Gate Old Age Pensioner's Club and the Rose bowl was presented to representatives of this branch by the Medical Officer of Health. The presentation took place at the University Settlement, Barton Hill, before an audience of over 250 Old Age Pensioners.

Exhibitions

On 19th May, a small exhibit was staged at St. Gregory's Parish Hall, Filton in an exhibition arranged by the Church on the Christian Home and Family. The opportunity was taken to demonstrate flame resistant fabrics.

From 22—24th May, a three day programme on "Food, Fashion and Fabrics" was arranged by the University Settlement at Barton Hill. During the three-day event, the Home Safety Council displayed on a large stand a range of flame resistant garments including pyjamas for young children, party dresses for teenagers and nightdresses for elderly women. The garments were made by students of the Women's Department of Bristol Technical College, the work being organised by Miss Dimond, lecturer in the Department. Mrs. Vickery, of the Home Safety Council was responsible for making one of the party dresses. During the event demonstrations were made of the flammability of various materials. At the end of the third day the Medical Officer of Health made the presentation referred to above.

On Whit-Monday, a display on Water-Safety, devised by Miss Vittle, was staged at the North Somerset Agricultural Show. Part of the exhibit consisted of a demonstration of mouth-to-mouth respiration, and this was carried out by a member of the St. John Ambulance Association.

For the sixth consecutive year, an exhibition was arranged at the Bristol Annual Flower Show. The exhibition was again on Water Safety but with additions to the materials used on Whit-Monday. One of the additional features was the showing of the film "That they may live" and during the three days, 54 film shows were given with audiences of between 150—200 on each occasion. The Water Safety exhibition was designed by Miss Vittle and her work and ideas were rewarded by the fact that the judges gave a Silver Medal Award to the Home Safety Council's Stand.

During First Aid Week in September, part of the Water Safety exhibit was displayed in Fairfax House, the stand being manned on certain days by members of the St. John Ambulance Association. During this week, the Home Safety Council assisted considerably in the distribution of publicity material. Later reports indicated that there had been considerable increases in the number of people enrolling for First Aid Classes.

Campaigns

Publicity during the year has been directed in the main to two topics:—accidental burns and water safety; as seen above these topics have featured in the exhibitions during the year and too, have formed the subject of many of the talks given by the panel of speakers, and members of the Health Department. During November, in liaison with the Chief Constable, a survey of accidents caused by fireworks was carried out in Bristol. All doctors and hospitals were asked to inform the Secretary of all such cases treated.

Talks

The members of the speakers panel have been active throughout the year and some 90 or so talks have been given to different groups within the City. Outside the City, the Secretary addressed the Accident Prevention Committees at Keynsham and Long Ashton, as well as officers of the Electricity Council at Plymouth and Taunton.

CARE OF THE AGED

Statutory Services

Dr. J. F. Skone

*(Deputy Medical Officer of Health)**Housing Committee*

Most bed-sitting room and one-bedroomed flat accommodation is occupied by old people and details are given below:—

(a) *Pre-War Estates*

There is no change in the number and rents of pre-war flats. A total of 94 council houses have been converted to provide 188 one-bedroomed and bed-sitting room flats.

(b) *Post War Programme*

By the 31st December, 1962, 2,514 one-bedroom and bed-sitting room flats had been completed. The units completed during 1962 were distributed as follows:—

Ashley Down	...	...	...	...	8
Barton Hill	...	...	...	...	81
Duckmoor Road	...	...	...	...	62
Freemantle Road	...	...	...	...	3
Horfield	...	...	...	...	12
Penpole	...	...	...	...	32
Redcliffe	...	...	...	...	16
St. George	...	...	...	...	29
St. Nicholas Road	...	...	...	...	9

All the dwellings at Horfield and 8 of those at St. George were built specifically for occupation by old people.

There are 396 small units of accommodation at present under construction. There is no alteration in the rents payable.

(c) *Proportion of small units of accommodation*

		<i>1 bed and B.S.R. flats</i>	<i>Total number of Dwellings</i>	<i>Percentage</i>
Pre- and Post-War	...	2,990	38,086	7·8
Post-War	...	2,514	23,257	10·8
Contracts scheduled to commence in 1963	...	874	2,158	40·5
(Estimated completion 1963—1964)				

Welfare Services Committee

The Welfare Services Committee is responsible either directly or through the agency of voluntary bodies for providing residential accommodation for persons in need of care and attention; services to handicapped people including the blind and deaf, many of whom are old; safe-guarding the property of

people admitted to hospitals or other institutional accommodation; burials or cremations where no relative can assist; and meals to old and infirm people living in their own homes and the provision of club facilities for elderly people.

The details and capacity of accommodation provided under Part III of the *National Assistance Act* can be summarised as follows:—

*100 Fishponds Road	...	...	...	...	550
5 All Saints Road	...	...	...	...	18
119 Pembroke Road	...	...	...	...	20
159/161 Redland Road	...	...	...	...	26
9 Priory Road	...	...	...	...	25
Bourton Grange	...	...	...	...	42
"Gleeson House", Oldbury Court	...	...	...	...	45
"St. Peter's", Bishopthorpe Road	...	...	...	...	45
Meadowsweet, Small Lane, Fishponds	...	...	...	...	200
					<hr/> 971 <hr/>

*Excludes temporary accommodation.

The Department supervises 28 homes for old people accommodating 610 residents registered under Section 37 of the *National Assistance Act, 1948*, while 70 blind people live in three homes administered by Bristol Royal Workshops for the Blind.

Advice on health matters is given and administrative health arrangements are made by the Medical Officer of Health on behalf of the Welfare Services Committee and nine general practitioners provide general medical services for the residents of the Council's Homes.

Mobile Meals Service

The mobile meals service is provided on behalf of the Welfare Services Committee by the Bristol Old People's Welfare (Voluntary) Ltd., and the Women's Voluntary Service. During 1962 they provided approximately 800 meals per week.

Health Committee

The Health Committee is responsible for domiciliary services for many old people including:—

Chiropody Service

The Chiropody Service continued to expand during 1962 at the same rate as in the previous year. The staff of the existing foot clinics received applications from elderly people for treatment at a greater rate than the service could easily cope with. New sessions were established, as and when circumstances would permit, at those clinics where the waiting list was most lengthy. Another full-time chiropodist was appointed, but this increase was, regrettably, nullified by the temporary loss of one of the part-time staff, through an unfortunate road accident. Many applications for treatment at home were received and the waiting list before treatment could be started (six months) is much longer than for clinic treatment (two to three months). Apart from any financial considerations, the acute shortage of qualified staff is the primary reason for the protracted waiting time for chiropody treatment. This is not a local problem but a national one; we are, in many respects, more fortunate than in many other parts of the country.

Scope :

In addition to the clinics already operating, there were established two new chiropody schemes. These were:—

- (1) To treat temporarily patients referred by the consultants in charge of the diabetic and orthopaedic clinics at the Bristol Royal Infirmary.
- (2) With the opening of "Meadowsweet" Home, the Health Department assumed the responsibility of providing the treatment for chiropody to the residents. This service was provided in co-operation with the Welfare Services Department, which supplied the clinical equipment, drugs, dressings, etc., while the Health Department provided the professional service of the chiropodist.

Help and guidance was given, in increasing the chiropody service at the University Settlement premises in Barton Hill.

In May, another area of the City was provided with a chiropody service, when a session was started at the Portway Clinic in Shirehampton to serve the districts of Avonmouth, Shirehampton and the west side of Lawrence Weston. This was developed at the request of the Warden of Twyford House Club in Shirehampton.

Preliminary planning was also undertaken at the request of the Warden of the Community Centre at Hartcliffe, to commence a chiropody clinic at the Mary Hennessy Health Clinic, Hartcliffe, for the benefit of the elderly residents of Hartcliffe and Withywood. There is not a qualified practitioner in or around these districts where the people may attend privately, even if they could afford private fees, so that there is a most urgent need in this district. Financial provision for the necessary equipment for such a foot clinic has been put in hand, and it is hoped to commence a session early in 1963. The Social Worker of the Community Centre is assisting by collecting the names and addresses of those elderly people who have already made enquiries for such treatment. When the needs of this area have been met, there only remain the district of Lockleaze, (the ambulant at present attend Southmead Health Clinic), Stockwood area, and St. George without a scheme. The needs of St. George area are, at present, met at Verrier Road Clinic, and the service will be transferred to the new St. George Health Centre, when built. The Bristol area will then have adequate facilities for the elderly, physically handicapped, and expectant mothers to attend for foot treatment at centres reasonably near their homes.

The following list gives information of the days when sessions for chiropody treatment are available, with the chiropodist operating the session.

Charlotte Keel Clinic, Claremont Street, Bristol, 5 (Telephone No. 56397)

Mondays	a.m. and p.m.	Mr. R. Atkinson, M.Ch.S.
Tuesdays	a.m. and p.m.	Miss B. O'Toole, M.Ch.S.
Wednesdays	a.m. and p.m.	Miss B. O'Toole, M.Ch.S.
Thursdays	a.m. and p.m.	Miss B. O'Toole, M.Ch.S.

*Southmead Health Centre, Monks Park Avenue, Horfield, Bristol, 7
(Telephone No. 626414)*

Mondays	a.m. and p.m.	Mr. R. L. Townson, M.Ch.S., A.R.S.H.
Fridays	a.m. only	Mr. R. Atkinson, M.Ch.S.

Clifton Clinic, Mortimer Road, Clifton, Bristol, 8 (Telephone No. 35425)

Tuesdays	a.m. and p.m.	Mr. W. E. Crook, M.Ch.S.
Thursdays	a.m. and p.m.	Mr. W. E. Crook, M.Ch.S.

Portway Clinic, Shirehampton, Bristol (Telephone No. Avonmouth 2900)

Thursdays	p.m. only	Mr. R. Atkinson, M.Ch.S.
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Bedminster Clinic, St John's Lane, Bedminster, Bristol (Telephone No. 663798)

Mondays	a.m.	Mrs. Nott, M.Ch.S.
Wednesdays	a.m. and p.m.	Mr. Ross, M.Ch.S.
Tuesdays	a.m. and p.m.	Mrs. Nott, M.Ch.S.

William Budd Health Centre, Knowle, Bristol, 4 (Telephone No. 661112)

Mondays	p.m. only	Mrs. Nott, M.Ch.S.
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Brooklea Clinic, Wick Road, Brislington, Bristol, 4 (Telephone No. 78861)

Tuesdays	a.m. and p.m.	Mr. Hughes, A.Ch.
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John Milton Clinic, Crow Lane, Henbury, Bristol (Telephone No. 622160)

Fridays	p.m. only	Mr. Hughes, A.Ch.
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Verrier Road Clinic, Verrier Road, St. George, Bristol (Telephone No. 56387)

Tuesdays	a.m. and p.m.	Mr. R. Atkinson, M.Ch.S.
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University Settlement Centre (By arrangement)

Tuesdays	a.m. and p.m.	Mr. Townson, M.Ch.S.
Wednesdays	a.m. and p.m.	Mrs. Nott, M.Ch.S.

Control Centre and Central Index Office :

A control office has now been set up for chiropody appointments, indexing, and enquiries at the Charlotte Keel Clinic (telephone No. 56397). All requests for domiciliary treatment, which must be accompanied by a certificate from a patient's doctor, will be sent to this office and placed on the waiting list for treatment.

Patients for clinic treatment do not need a medical certificate, but may apply direct to the nearest clinic for treatment. It must be emphasised that the patients eligible are elderly persons, physically handicapped and expectant mothers.

Assessments :

Patients who are referred for treatment either in a clinic or at home, and find difficulty in paying the standard fees, are assessed individually. The standard charges are as follows:—

For clinic treatment 3/0d.

For domiciliary visit 3/6d.

One patient attending a clinic made no payment in 1962.

On the domiciliary list, there are ten cases of varying assessments as follows:—

Six assessed for free treatment (including 2 married couples);

Two assessed at 1/6d. each.

Two assessed at 2/6d. each.

The remainder of the treatments were carried out at the standard charges, about which there were no complaints from the patients.

The following tables show the number of treatments carried out at the various clinics in 1962:—

Charlotte Keel Clinic	...	...	...	2,888	treatments
Bedminster Clinic	...	...	...	2,075	"
Southmead Clinic	...	...	...	1,062	"
Clifton Clinic	...	...	...	1,734	"
Brooklea Clinic	...	...	...	839	"
Portway Clinic	...	...	...	220	"
(6 months)					
William Budd Health Centre	...	...	...	388	"
John Milton	...	...	...	384	"
Verrier Road Clinic	...	...	...	477	"
University Settlement	...	...	...	880	"
(Agency)					
"Meadowsweet" Home	...	...	...	220	"
(Since 1st Nov., 1962)					
Central Health Clinic	...	...	...	11	"
(Special Clinic)					
(Since 26th November)					

Domiciliary Treatment

The total number of domiciliary visits carried out during 1962 was 3,717. The waiting list for domiciliary treatment was, regrettably, not eradicated during 1962 and despite the efforts of the staff was at times as high as 200 and remained at an average of 100 towards the end of the year (at 31st December, it was 98).

Other Activities:

Some idea of the universal prevalence of the various disorders of the feet may be gained from a visit, not to a hospital or clinic, but to any large department store. On the appropriate counter, one may see a veritable display, amazing to behold, of various preparations, appliances and "gimmicks" for the treatment of corns, bunions, fallen arches, etc. Even more important one can see, quite obviously, the misery and pain in the faces of the purchasers, as they scan the literary "blurbs" and advertisements telling them how easy it is to cure their troubles. By lowering one's eyes from face to feet and the footwear covering them, the real cause is evident to the trained eye and, consequently, the real cure, or at least remedy, and yet the sufferer will be most reluctant to change the footwear, the real cause. Like the dentist, the chiropodist is in the strategic position where he may be the first to suspect a disorder making its presence felt in patients' feet, which, if untreated, may give rise to a more serious effect in the broad aspect of general medicine later, and in a position to give early warning. Under these circumstances, the chiropodists in Public Health Departments and Welfare Departments are in a position to co-operate most efficiently with Medical Officers and General Medical Practitioners, in the detection of peripheral diseases, and in the general promotion of good health, which cannot fail to have ultimate benefit to the public. It is thus that foot health education is as important as other forms of health education. With this in mind, during the year 1962, it was heartening to see the interest displayed in the clinics, of the static display of children's shoes of the right type to give children a good start. It is to be hoped that this propaganda will have a lasting effect in the minds of the young mothers, as well as the children.

Throughout the year, too, various films and film-strips of children's feet, and allied information, was given to private chiropody practitioners in the Central Health Clinic, to disseminate all the up-to-date information and methods of treatment.

These monthly meetings were very well attended by chiropodists from all over the West Country and proved very popular.

State Registration of Chiropodists:

Commencing 1st January, 1963, applications from those chiropodists who wish to do so will be considered for approval by a new series of Boards set up by the Minister of Health for a new State Register.

These various Boards have been constituted under *The Professions Supplementary to Medicine Act*, by which professional and legal status will be afforded to numerous professions working closely with the senior profession of medicine itself. Such a State Register is long overdue, not so much to add to the status of the professions, but to afford protection for the public, to ensure the practitioner is really qualified by orthodox training. At the present time, training may vary from a certificate given after a series of twelve lessons by post from a correspondence school, to the three years full-time training at a recognised Training Hospital (the only course accepted by the Ministry of Health). The various designatory letters after a name mean little or nothing to the general public, in trying to decide whether a practitioner is "qualified". The new status "State Registered Chiropodist" will, by the new Act of Parliament, be reserved for those who are accepted by the Board. This qualification in future will be the sole qualification, acceptable to Local Authorities and Hospitals for candidates for employment, so that for the first time the position will be without doubt or equivocation. However, as this Act is a condition of employment, it is uncertain whether this will increase or decrease the number of practitioners available for employment, as some chiropodists have stated that they have no intention of applying to go on the Register, as it entails additional expense to do so.

Gerontology Clinic

Dr. R. J. Irving-Bell Reports:

There were during 1962, as in 1961, very few elderly people referred by the Chiropodist to the Medical Officer at the Wednesday morning sessions at Charlotte Keel Clinic. Three new cases, and 16 old-standing ones attended for interview.

One of the reasons for this poor attendance was the transport difficulty.

Another reason may be that, because of the frequent domiciliary visits paid by members of the many welfare organisations, there was less need for the individual to come to the Clinic.

It should be remembered that, unlike other Centres devoted to helping the aged, no clinical examination or other tests are made. But all our efforts are directed to help them to maintain a reasonable standard of living at home.

With the help of the Ministry of Health's Circular 12/62, following the *National Assistance Act 1948 (Amendment) Act 1962*, better use can be made of the existing services for the aged.

Geriatrics

Twenty-one urgent requests (eighteen in respect of elderly ladies) to the Medical Officer for domiciliary visits were made by the Special Health Visitors, General Practitioners, Public Health Inspectors and Welfare Service Officers. In three out of the 21 new cases, implementation of Section 47 of the *National Assistance Acts 1948 and 1951* was found necessary. These required attendance at Court of the Medical Officer, and his re-attendance for a renewal of the Detention Order when three weeks had elapsed.

Health Visiting Service

Four health visitors continued to deal particularly with the care of old people. They had a total case load of 7,500, of whom 433 were visited regularly. At the end of 1962, 36 persons required urgent admission to hospital and 37 to old people's homes; 167 convalescent holidays were arranged during the year.

Home Help Service

At the end of the year there were 11 full-time and 563 part-time Home Helps, a reduction of 4 full-time and 20 part-time Home Helps as compared with the previous year.

Home Helps gave 602,846 hours of help during the year; 561,140 (93·1 per cent of all hours worked by Home Helps) were devoted to the assistance of a total of 3,309 old and chronically sick people, an increase of 275 compared with 1961.

Home Nursing Service

There were 68 full-time and 8 part-time nurses.

During the year 2,104 people under 65 years of age were nursed in 72,002 visits and 4,094 people aged over 65 years were nursed in 148,594 visits.

Laundry Service

The laundry service provided by the Health Committee did not show such a large increase as in previous years. Nevertheless the statistics briefly given below give some indication of the importance of the service.

1961—12,106 visits—39,034 articles laundered.

1962—12,336 visits—37,373 articles laundered.

Of the 485 elderly persons who made use of the Service, 113 were patients transferred in 1961.

Two hundred and eleven patients ceased using the Service during the year because of admission to hospital or death.

During the year the Welfare Services Department continued to carry out the laundering of the articles, and the Disinfecting Station staff continued the daily service of collecting soiled linen and delivering the laundered articles.

As in previous years, the Health Committee contributed £250 to the Bristol Old People's Welfare (Voluntary) Ltd., towards the laundry service maintained by that organisation.

Night Watcher Service

During the year, 1,531 nights were worked.

Samaritan Fund

The fund continued to be most useful in obtaining assistance for needy cases who could not be helped under the Departments' statutory powers.

A larger proportion of income was received from charitable bodies interested in specific cases referred to them by the Senior Medical Social Worker.

Donations were received from Dr. J. M. Mackintosh (£45) and St. Martin's Vicar's General Fund (£15 15s. 0d.) to whom we are most grateful.

Benefits provided included special foods, extra fuel and other comforts, small articles of bedding, furnishing, clothing, etc., to assistance with convalescent holidays, Nursing Home fees and care of pets whilst elderly patients were in hospital.

		£	£
Balance at 1st January, 1962			141
Income—Donations	62		
Other Bodies	561		
Interest	2		625
		—	—
			766
Expenditure	659		
Less repaid by patients	89		570
		—	—
Balance at 31st December, 1962			196

Approximately £16 of the amount in hand at 31st December, 1962, was in respect of an advance payment from a charitable organisation on behalf of specific patients.

Voluntary Services

Bristol Old People's Welfare (Voluntary) Ltd

This voluntary body which receives a grant of £400 from the City Council provides the following services:—

Accommodation

"Anchor House" in conjunction with the Anchor Society—10 unfurnished flatlets with sitting-room and dining-room; lift; central heating. Mid-day meal provided.

"Beverley Cottage", Burnham-on-Sea: A holiday Rest Home for 8 frail elderly people.

"Cote"—20 unfurnished flatlets and guest room for able bodied elderly people in middle income group; lift; central heating. Mid-day meal provided.

"Cowlin House"—10 unfurnished flatlets similar to Cote.

"Cowlin House Rest Home" Adjacent to "Cowlin House". Accommodation for 11 frail elderly people; single rooms; full board; central heating; lift.

"Dulverton House" Accommodation for 18 frail ambulant women; 4 single rooms; other residents share cubicled rooms. Trained nurse in charge; central heating and lift.

"New Cote Rest Home" Accommodation for 8 frail elderly people. Trained nurse in charge; central heating.

"Stratheden" 27 unfurnished flatlets and guest room for able bodied elderly people. Lift. Mid-day meal provided.

Laundry Service

Laundry is collected and delivered from approximately 150 old people living in their own homes, and washing is carried out in a launderette situated in the basement of "Stratheden".

Friendly Visiting

Volunteers help with shopping, mending, etc., of elderly people in all parts of the City.

Holidays

Convalescent holidays subsidized from voluntary funds are arranged annually for about 150 infirm old people and about 1,250 able bodied elderly are sent for holidays in seaside hotels and guest houses.

Mobile Library

Fifteen volunteers take books by van to about 150 old people in their own homes. There is a stock of more than a thousand books and a charge of 1d. per week is made towards transport costs.

Miscellaneous Services

These services include assistance with clothing; the loan of blankets; wireless for the housebound, the loan of sick room equipment; comforts; advisory service and the distribution of fruit, flowers, firewood, etc.

Clubs for Elderly People

The Bristol Association for Elderly People has established and equipped full-time clubs for old people and the administration is in the hands of the members of the clubs. They are opened daily, some opening in the morning but the majority at about 2.00 p.m. and remain open until about 9.00 or 10.00 p.m., according to particular activities. The entire emphasis is upon social activity which the Association believes is an extremely important service for elderly people. The Welfare Services Committee is keenly interested in this work and has made substantial grants towards new projects. The existing clubs are as follows:—

Club for Elderly People	Recreation Ground, Sea Mills.
" " " "	100 Fishponds Road, Bristol, 5.
" " " "	Wick Road, Brislington.
Princess Elizabeth Club	Mill Lane, Bedminster.
Club for Elderly People	112 Avonvale Road, Bristol.
" " " "	Greystoke Avenue, Southmead.
" " " "	Beechwood Road, Fishponds.
" " " "	Princes Place, Gloucester Road.
" " " "	Redcatch Road, Knowle.
" " " "	Avonmouth Road, Avonmouth.

Mobile Physiotherapy Service

The Service is provided by a voluntary body, the Bristol District Nursing Association, who administered the Home Nursing Service on an agency basis until 1960, and since that time have devoted their efforts to maintaining the physiotherapy service which they initiated in 1949.

The Superintendent of the Home Nursing Service is responsible for the day to day administration to a small sub-committee of the Voluntary Association, the Medical Officer of Health being a member.

Three full-time physiotherapists are employed, each with a van and receive the Whitley salary scale for Senior Physiotherapists. The approximate annual cost of the service is £4,000.

Where patients are referred by hospital consultants a fee of 10/- per visit is paid by the Regional Hospital Board or Board of Governors. Otherwise there is no fixed charge and patients contribute according to their means. The deficit is made up from income from the Association's investments and voluntary gifts.

CARE OF HANDICAPPED PEOPLE (ADULTS)

Local Health Authority Services

Report of the Senior Medical Social Worker

The majority of patients referred by Almoners, General Practitioners and Health Visitors to the Senior Medical Social Worker for casework help are suffering from chronic or disabling illness of some kind, and, among these, are a number who have particular difficulty in coming to terms with their illness or disability. Of these, a proportion, while substantially handicapped, still have the capacity to work under sheltered conditions, but because of long inactivity or emotional problems associated with illness, are unable to venture into employment again without a considerable amount of help in reaching an understanding of the underlying problem.

For instance, a man in middle age, having suffered a stroke, and with a residual paralysis of his left arm, may, after an absence of two years or more, be contemplating a return to his job. To minimise his difficulties as far as possible he may have been assisted to move his home to the area in which he had formerly worked and also within reach of sheltered employment, should this prove necessary. The more efficient and conscientious an employee he has been, the greater will be his fear of failure and he may also fear both sympathy and lack of understanding among his workmates and may need help to work through these feelings before he can take up his work again or, accept a job in a more sheltered environment.

Similarly, a number of housewives face the same difficulty about taking up domestic responsibilities again, and although they may be re-educated in occupational therapy departments to adapt physically to a working life, are unable to translate their new learning to a different environment and continue to be frustrated and unhappy at home.

A housewife may fail to put this new knowledge into practice at home because she believes her family will expect the same standard of performance from her as before her illness, despite their reassurances, or she may be easily frustrated by the length of time she will need to spend on quite simple tasks.

For this group the social activities offered through Welfare Services Department are a great boon for some have lacked normal social contacts for a considerable time, and the opportunity to mix in a larger society which shares a common experience, is, in itself extremely beneficial.

The Council's Eye Consultant conducts weekly clinics for the examination and registration of blind persons. A close "follow up and liaison service" between the Bristol Eye Hospital Eye Clinic, the Bristol Royal Workshops for the Blind and the Medical Officer of Health's Department is provided through the appointment of a special health visitor, Miss M. Hatfield.

During 1962 there was an increase (35) compared with 1961 in the number of persons (173) attending the Clinic with a view to being registered as blind.

These were as follows:—

				<i>Cataract</i>	<i>Glaucoma</i>	<i>Other Diseases</i>
Blind	...	...	...	28	23	58
Partially Sighted	...	...	...	25	9	30

Ten persons suffered from both glaucoma and cataract and 21 from senile macular degeneration.

Nineteen patients were seen who did not qualify for registration but were in need of optical attention and these were referred to the Bristol Eye Hospital. With adequate treatment and in some instances, a change of spectacles, registration was not necessary. Notifications were received from the following sources:

National Assistance Board	...	...	...	...	79
Bristol Eye Hospital	...	...	...	...	57
Other persons (i.e. health visitors, general practitioners, Clergy, lay persons, etc)	...	...	...	...	37

Sixteen patients also suffered from diabetes.

Day to day liaison continued between the Health Department, Bristol Eye Hospital and the Home Teaching Service for the Blind.

There is a considerable amount of visiting involved in following up children suffering from squints. In most cases, of course, the parents take the children regularly for orthoptic exercises but some fail to keep their appointments.

Six children were placed on the register. The diagnoses were as follows:—
2 congenital nystagmas and partial albinism.

1 optic atrophy R. & L.

1 congenital cataract.

1 congenital anomalies (? birth injury).

1 optic atrophy and cerebral palsy.

Services provided by Voluntary Organisations on behalf of the Welfare Services Committee

(a) *Blind and Partially Sighted*

The General Superintendent, Mr. E. H. Getliffe, O.B.E., has sent me the following notes:—

The Bristol Royal School and Workshops for the Blind were re-appointed agents for the Bristol City Council under the 1948 *National Assistance Act*.

Their services include the care of children under five years of age through the Home Teaching Service; and education of blind children in Kindergarten, Primary and Secondary Modern classes in the School for the Blind, Westbury-on-Trym, Bristol, where further education and technical training are also provided for pupils from sixteen to twenty years of age; the provision of training for newly blind adults, and the employment of trained blind men and women in the Workshops for the Blind, St. George's Road, Bristol.

The Bristol Royal School and Workshops for the Blind administers and supervises the Home Workers Scheme in Bristol. The service of residential accommodation for blind women training or in employment at the Workshops for the Blind is provided at the Hostel for Blind Women, where a few retired women workers are also resident under the arrangements for accommodation under Part III of the *National Assistance Act*. Three Homes for the Blind have also been provided by the Bristol Royal Workshops for the Blind, affording Part III accommodation to some 65 elderly blind men and women. These services to adult blind persons are provided under arrangement with the Welfare Services Committee of the City Council in fulfilment of the statutory requirements of the 1948 *National Assistance Act*.

During 1962 the Welfare Services Committee decided to take over the Home Teaching Service to the Blind on April 1st, 1963, and amalgamate this service with other welfare services provided by the Council, thus terminating in this instance an agency arrangement established in 1920 between the City

Council and the Royal Blind Asylum, and also terminating the Home Teaching Service to the Blind which was established by a voluntary committee in 1857. This decision of the Welfare Services Committee will also react on the ancillary services of registration, social clubs, communal holidays, outings, pastime handicraft groups and other services which are all part of the full Home Teaching Service to the Blind.

The Workshops for the Blind provide employment for suitable blind persons in basket-making, mat-making, circular machine knitting, hand loom weaving, chair-seating, wire-drawn brush making and some soft toy making. The light engineering department is now providing work for 20 persons including 4 severely disabled sighted workers.

Sales from the Workshops for the Blind have increased very considerably during the year to a record figure of £36,689. Persons employed in the Workshops for the Blind are approved by the Ministry of Labour and the responsible Local Authority. The Ministry of Labour makes a capitation grant of £240 per annum, so that the Ministry is bearing a substantial share of the costs attached to sheltered employment for blind persons.

The Home Teaching Service made regular visits to all blind persons in their homes, and has established seven very successful social clubs for the blind, which meet weekly in different parts of Bristol. This Service also provides handicraft classes, summer outings and communal holidays for groups of elderly blind persons. The Service works closely with the statutory services for the care of elderly and handicapped persons. The majority of costs attached to outings, communal holidays and socials are borne by contributions from those blind persons taking part, and grants from the voluntary fund of the Bristol Royal School and Workshops for the Blind.

The special Deaf-Blind Guide Help Service referred to in the last report has now become an established part of service to deaf-blind persons.

Statistics for the year 1961-62 show that 7,504 visits were paid to blind persons; 235 lessons in Braille, 289 lessons in Moon type and 264 lessons in pastime occupations were given by the Home Teachers; 964 visits to the deaf-blind were paid by the special Deaf-Blind Visitor and 295 handicraft classes and 312 social club meetings were taken by the Home Teachers. Additional to these individual services to blind people the Home Teaching Service organised 24 outings in which over 1,400 persons took part, and 7 weeks of communal holidays in which 284 persons shared the pleasures of such activities. Two socials and two outings for the deaf-blind were arranged, and the main handicraft class had an outing to which 98 persons went. The Home Teaching Service also visits blind persons who are temporarily or permanently resident in hospitals in the Bristol area, and arranges special socials and outings for high grade mental defective persons who are blind and resident in mental hospitals.

Welfare work connected with partially-sighted persons is carried on through the Home Teaching Service to the blind and partially sighted.

At the 31st December, 1962, there were 70 pupils and 8 technical trainees in the School for the Blind and 82 employees and 7 trainees in the Workshops for the Blind.

(b) *Persons Handicapped by Deafness*

The Rev. S. W. Hartnoll, B.A., B.D., Chaplain and Superintendent of the Bristol Institute for the Deaf, has sent me the following notes:—

For persons in Bristol who suffer from "a disabling loss of hearing" specialised welfare services are provided by Bristol Institute for the Deaf. This is a voluntary society and part of its income comes from voluntary sources; but

it is the agent of the Corporation of Bristol for the purposes of the *National Assistance Act, 1948*. An annual grant is made through the Welfare Services Committee.

The society also serves a number of people living in Somerset and Gloucestershire, but it is mainly concerned with Bristol.

Details of the Bristol Registers on 31st December, 1962, are shown below:—

		<i>Deaf with speech</i>	<i>Deaf without speech</i>	<i>Hard of Hearing</i>	<i>Total</i>
Under 16—Male	...	5	27	34	66
Female	...	8	18	35	61
16—64—Male	...	14	110	61	185
Female	...	23	99	87	209
65 and over—Male	...	1	23	48	72
Female	...	2	22	112	136
		—	—	—	—
		53	299	377	729
		—	—	—	—

The society provides a comprehensive welfare service under two main headings—casework and groupwork.

The primary aim is to help persons handicapped by deafness to find a secure place within the community. But the strain of deafness in a hearing environment can only be known by those who bear it. Thus a secondary aim, in harmony with the first, is to provide at the Institute opportunities for recreation, worship and the service of others.

On Saturday, 14th April, 1962, the society's new building at 16—18 King Square, Bristol, 2, was opened by the Minister of Health, Mr. J. Enoch Powell, M.A., M.B.E., M.P., and on the following day, Palm Sunday, the chapel was dedicated by the Bishop of Bristol, the Rt. Rev. Oliver Tomkins, D.D.

The new building has cost, including furniture and fittings, nearly £70,000; and it was opened free of debt. It provides an excellent basis for the society's work.

On 5th September, 1962, the Hearing Assessment Clinic was transferred from Central Health Clinic to the Institute's new building. The arrangement seems to be a very satisfactory one.

VETERINARY OFFICER'S REPORT

J. Allcock, B.V.SC., M.R.V.C.S.

(*Inspector under the Diseases of Animals Act*)

Notifiable Diseases

Foot and Mouth

Nationally 1962 was a very good year. Five outbreaks in the whole country compared to over 100 in 1961 and over 200 in 1960. Bristol was not involved either in an outbreak or any controlled area during the year.

Swine Fever

Here the position is not so satisfactory. Over 1,700 outbreaks in 1962 compared to an average over the previous 3 years of about 1,100. There has been only one case in Bristol, and that in pigs being slaughtered at Whitehall Abattoir, the pigs having originated outside the City.

However, Bristol was under Infected Area Restrictions from May 28th to July 25th. These restrictions prohibit the holding of store markets and exhibitions of pigs within the area. Markets for fat pigs intended for immediate slaughter may, however, be held where the Local Authority has authorised the sale. The movement of pigs in the area must be licensed by the Local Authority except for pigs moved straight through the area by rail. Pigs sent to slaughterhouses or bacon factories must be marked with a red cross. Movements of pigs to private premises (except a pig dealer's premises) are permitted under licence but the animals must usually be detained and isolated for 28 days afterwards.

From December 3rd to the year end these restrictions were in force over a large part of the country including Wiltshire, and thus licences were required for pigs travelling from Bristol to London—and a surprising number do.

In all 82 licences were issued for 541 pigs under Infected Area Restrictions Regulations.

Fowl Pest

The year showed a dramatic increase in the number of outbreaks of fowl pest in the country. From just over 1,000 outbreaks in 1961 the total rose to 3,207 by November 30th, 1962.

During the year the report of the Inter-Departmental Committee (the Plant Committee) on Fowl Pest was published and as a result of the recommendations therein the slaughter policy with compensation will be abandoned for fowl pest from March, 1963, except in the acute form of the disease. As a corollary to this a vaccination policy is to be encouraged and the Ministry of Agriculture are supplying subsidised vaccine to poultry keepers, which has been available in Bristol since November 28th.

This vaccination must be encouraged as much as possible if fowl pest is not to become endemic and I am concerned at the very poor response to date from the poultry keepers within Bristol. At the time of writing (January, 1963) less than 5 per cent have taken advantage of this scheme.

During the year I have continued to attend meetings of the Gloucester County Fowl Pest Committee.

Anthrax

On Sunday, March 18th, an employee of one of the knacker yards in the City was admitted to hospital suffering from anthrax, and we were faced with the problem of disposing of all material that could have infected him, and also of endeavouring to ascertain the precise source of infection.

The disposal of material was handled by the yard's own processing plant, and the disinfection squad completed the cleansing and sterilisation in their usual efficient manner. The precise source of infection is however still an unsolved mystery. Portions of two cattle said to have been handled by the anthrax victim did not reveal any infection. He had however been handling large quantities of imported bone meal and although anthrax could not be demonstrated in the remaining samples I am of the opinion that bone meal handled and dispersed prior to our investigations is the likeliest source of infection in this case.

The human patient made a satisfactory recovery.

Cattle Market

The cattle market closed as such at the end of March this year. One pig sale was held in each of the first three months of that year at which 50 licences were issued for 88 pigs. While one regrets this closure and regrets that a City such as Bristol now no longer has a cattle market, this closure was inevitable when the above figures for pig sales are considered.

Importation of Animals

On Thursday, July 5th, the Docks Police recovered the body of a Duiker from the water at Avonmouth. This led to the discovery of a further Duiker alive aboard a vessel in dock. These two animals which are a small African deer, had been imported without any landing licence, and with no arrangements made for their quarantine. A disease, Blue Tongue, which is prevalent in West Africa, and transmitted by bite of flies is the disease of most import in considering the importation of cloven footed animals from these parts. Importation is only allowed if the animals are going to a very effective quarantine station, and efficient fly proofing of their quarters is essential. These Duikers had been purchased by an animal importer in West Africa in the hope that on arrival they could be sold to a Zoo who would have the necessary quarantine facilities. No Zoo was interested however, even as a gift, and so on July 6th, I destroyed the surviving Duiker. The carcasses were then destroyed by burning. I understand that these animals can be purchased for £1 each in West Africa. If a buyer can be found in this country, the price is about £50. I feel every sympathy for these two particular Duikers who had the upset of the journey and transport to an unsuitable climate only to die and be killed respectively on arrival. My consolation is that the expected 5,000 per cent profit did not accrue to the importer. The Duikers, unfortunately have no such consolation.

Pet Animals Act

There are now 25 licensed pet shops in the City. I have visited each premises at least once in the year and some on several occasions. In each case the numbers and types of animals to be kept and for which the accommodation is suitable have been specified. Some 3 owners of pet shops omitted

to apply for renewal of licences (due in January) until May in spite of several reminders. In one instance the premises when visited were in a deplorably filthy condition, and only after repeated visits and a refusal to recommend a licence were conditions improved. However, subsequent visits suggest that this improvement has been maintained.

Unsterilised knacker meat and imported frozen meat continue to be sold in pet shops, and I am still most unhappy about this position. As I stated at some length in the report of 1961, there is a grave danger of *Salmonella* infection and all meat for animal consumption sold through pet shops should be sterilised prior to sale.

There are a number of part or full time businesses being operated to all intents and purposes as pet shops, but from private houses and via advertisements only. *The Pet Animals Act* excludes pedigree breeders and amateurs who sell their surplus. It also excludes animals purchased in the hope of them proving show animals and failing to prove satisfactory.

When one sees in the newspapers advertisements offering puppies almost every day of the year or hears of fish or birds being always available one is inclined to doubt that these animals have been bred by the person offering them. Some of this is undoubtedly the worst type of dealing with poor to awful housing and conditions for the animals. It is however, very difficult to get concrete information which would allow one to insist that these premises and people come under the jurisdiction of the *Pet Animals Act*.

Riding Establishments Act

This Act allows the right of entry to a riding establishment to an Authorised Inspector, but then leaves him almost powerless, unless cruelty is occurring under his very eyes. Representations have been made to attempt to give the Act "teeth" and to allow the Inspector to satisfy himself that conditions are not likely to cause suffering or to be injurious to the animals. In a private capacity I have inspected stables in an adjoining County, and this County Council I am pleased to say have joined in these representations.

Once again in the final paragraph to this report I must thank all those people in many Corporation Departments, in the Police, in the Fire Brigade who have helped this year. I would assure them that this is no "formal mention" but a thank you for help without which my job would not have been possible.

CIVIL DEFENCE RESPONSIBILITIES OF THE MEDICAL OFFICER OF HEALTH

Dr. H. Temple Phillips
(*Chief Assistant Medical Officer of Health*)
and W. J. Winterson

The responsibilities of the Medical Officer of Health so far as they relate to Civil Defence are such as to enable the life of the community to function under the most adverse conditions. The emergency services would have to provide for the continuation of the peacetime health services for ordinary sickness and disease, preventive measures would need to be increased to check the spread of infection, precautions intensified to combat food poisoning and many other measures taken to ensure that decent standards of hygiene and the preservation of health were maintained. These matters continue to receive the attention of the officers concerned.

The most practical expression of these measures to date has been the Ambulance and First Aid Section of the Civil Defence Corps. This is visualised as an extension of the normal peacetime ambulance service, and its training is designed to provide for a rapid expansion should the need arise. During the year the three hundred and fifty voluntary members of the Section received training and were kept informed on such matters as the operation and control of an ambulance column, and took part in practical training exercises in addition to normal First Aid training and the handling of casualties.

Mr. R. F. Wood attended a Civil Defence Study for Chief Ambulance Officers at the Civil Defence Staff College from the 20th to 23rd March. A Control Room Officer, Mr. R. M. Parsons, attended an ambulance officers' course at the Home Office Training School from the 26th to 31st March. Three voluntary members of the Ambulance Section, Mr. H. Willies, Mr. D. St. John and Mr. C. Simmons attended similar courses during April, July and November respectively. The full-time Ambulance Instructor, Mr. R. F. Turner, attended a Rescue Section course at the Home Office Training School from 3rd to 28th September. Mr. G. A. Morgan, a Senior Public Health Inspector, attended a course for Public Health Inspectors at the Civil Defence Staff College from the 1st to 6th April.

In September the Home Office, in consultation with the Ministry of Health, decided to discontinue the use of the Civil Defence First Aid Handbook and to adopt the Joint Manual of the St. John Ambulance Association and the British Red Cross Society.

In its Statement on Defence, 1962, the Government announced its intention to discuss with the Local Authority Associations certain changes in the Civil Defence Corps, and in July the Home Office issued a circular on the reorganisation of the Corps. The changes recommended are designed to provide a sufficient number of trained volunteers as a nucleus for a greatly expanded organisation which in an emergency would have to be rapidly assembled in a matter of days. Membership of the Corps will be dependent on the fulfilment of certain obligations, enrolment will be for a specific period of time and there will be an age limit. Those members who successfully complete their course of training and who undertake a three year period of active engagement will be eligible for an annual bounty ranging from £10 to £15.

Amongst the administrative changes that are proposed it is recommended that the Civil Defence Officer will in future be responsible for the training of the personnel of all Sections of the Corps, except in the case of the Wardens.

Conversations took place towards the end of the year with the Civil Defence Officer as to how the reorganisation would affect the organisation and training of the Ambulance and First Aid Section. The Civil Defence Committee have acquired central premises at which training will be conducted for all Sections of the Corps and it is anticipated that in due course the use of other premises in various parts of the City will be discontinued.

SCHOOL HEALTH SERVICE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

R. C. Wofinden, M.D., B.S., D.P.H., D.P.A.

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(Senior Medical Officer, School Health Service)

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INTRODUCTION

To the Chairman and Members of the Education Committee

I have much pleasure in presenting the Annual Report of the Bristol School Health Service for 1962, the 55th report of the series. The general health of our school children has been very good and it has been a fairly uneventful year, but some of the more interesting matters reported on are mentioned below.

Dr. Barbour, in his report on the Child and Family Guidance Service, comments on the value of the team work which has been achieved in Bristol in the medical and educational aspects of the psychological care of the child. He feels that pre-school children should be referred more readily than is at present the case.

Notifications of infectious diseases are low. The epidemic of infective hepatitis appears to be dying down, but the dysentery figures have increased from 43 to 143. It was unfortunate that the campaign for oral vaccination against poliomyelitis, planned on a very large scale, had suddenly to be postponed to the next spring owing to the 'scare' in North America. The schools were to have played a very big part in the campaign and I am grateful for their readiness to submit to the considerable inconvenience involved.

Mr. McCaig, the Principal School Dental Officer, reports on the new scheme for employing dental auxiliaries, one of whom has now started work in Bristol.

We have now begun hearing screening tests of five-year olds in primary schools, and expect a considerable increase in the work of the E.N.T. clinics when we are able to extend the screening to all school entrants. The outstanding event of the year in connection with our work with hearing defects has been the removal of the Hearing Assessment Clinic to the Institute for the Deaf, in King Square, where we have been provided with excellent and most attractive accommodation, for which we are very grateful. The official change in the nomenclature of children with impaired hearing from 'partially deaf' to 'partially hearing' is interesting, indicating a more positive approach, encouraged by new electronic devices and educational methods.

On p.p. 17 and 19 are interesting accounts of life in schools for the educationally subnormal. Miss Davis-Morgan tells of some of the activities enjoyed by the children at Henbury Manor, and Miss Davies gives a day-by-day account of boarding school life at Croydon Hall.

Mrs. Beryl Saunders was appointed to the new post of Senior Speech Therapist in September and an additional speech therapist, Miss M. Thomas, was appointed in October. These new appointments will give us the opportunity for much needed expansion of the service. A small diagnostic unit for non-speaking children under five was started, towards the end of the year, at the Child and Family Guidance Clinic, an interesting experiment in co-operation between psychiatrist, school medical officer, psychologist, psychiatric social worker and speech therapist.

A request was received from a teachers' training college for a medical officer to give regular lectures to the students on health education. We were glad to accede to this request and Dr. A. W. Macara started to visit the college towards the end of the year. A first report on his work there appears as an appendix.

A second successful three-week course for medical officers of the ascertainment of educationally subnormal children was held in September by the University of Bristol in co-operation with the Departments of Public Health and Education of the Corporation, and again the Chief Education Officer and school heads were kind enough to allow the students to visit and do practical work in a number of schools.

There were several changes in the medical staff during the year. We were very sorry to lose Dr. M. A. Pauli, after thirty-one years' service with the Department, and also Dr. Jahoda and Dr. Faulkner, who retired after shorter periods with us. Dr. Chesham left at the end of the year to take up a post elsewhere and Dr. Alderson was seconded to carry out special duties in connection with a World Health Organisation survey into the causes of death. Dr. Sutcliffe was appointed First Assistant Medical Officer for Epidemiology. Towards the end of the year we welcomed five new school medical officers, Dr. W. B. Whisker, Dr. P. M. Rich, Dr. N. A. Dent, Dr. J. M. Joshua and Dr. I. M. Price.

As usual we have been fortunate in the co-operation so generously extended to us by the Chief Education Officer and his staff and by the heads of schools. I should like to take this opportunity of thanking them and the general practitioners and hospital staffs -for the many ways in which they have assisted us.

My thanks are especially due to Miss M. C. Finch, Senior Administrative Assistant, for the compilation and editing of this report.

R. C. WOFINDEN,
Principal School Medical Officer.

CHILD AND FAMILY GUIDANCE SERVICE

Changes of Staff

R. F. Barbour

Miss J. Laver, Psychiatric Social Worker, left the Service on March 16th, 1962, to take up a post in the new child guidance clinic at Keynsham.

Mrs. Lois Gatliff, Psychiatric Social Worker, retired on March 31st, 1962.

Dr. W. M. Sutcliffe, School Medical Officer, who was working at the Clinic part-time, left in April, 1962, and was replaced by Dr. A. Macara.

Dr. Helen Mathewson, part-time Registrar, left on June 15th, 1962, to take up a senior post in Newcastle, and her place has been filled by Dr. Martin Gay.

Miss K. Craib, Educational Psychologist, left at the end of July, 1962, to return to Scotland for her marriage, and later to take up a post in Glasgow. Her place was filled by Miss Rona Williams, on 3rd September, 1962.

Mr. Geoffrey Herbert, Educational Psychologist, was appointed whole-time to the Clinic staff on July 1st, 1962, to fill the vacancy left by Mr. A. Hickish. He had been acting as part-time locum since February.

Mr. J. Dunham, Educational Psychologist, left the staff on August 31st, 1962, to take up another post, and his place was filled by Mr. Geoffrey Bookbinder, on October 1st, 1962.

Miss Rene Dixon, Psychiatric Social Worker, was appointed and joined the Clinic staff on 10th September, 1962, to fill one of the vacant P.S.W. posts.

Annual Statistics

Psychiatric

			1961	1962
Diagnostic interviews	...	...	458	449
Treatment interviews	...	...	2,779	2,643
Parent interviews	...	...	121	128
Others interviewed	...	...	99	132

Psychological

Examinations, including Juvenile				
Court cases	...	...	523	454
Treatment interviews	...	...	1,834	1,234
Parent interviews	...	...	209	165
Others interviewed	...	...	107	77
Other visits	...	...	188	139

Social

Interviews with parents	...	...	4,477	4,121
Interviews with others	...	...	181	100
Home visits	...	...	928	578
Other visits	...	...	126	66

Analysis of Referrals

During 1962, 449 new cases were seen by the Child and Family Guidance Service; 278 were boys, 171 girls. Their ages on referral are shown in the following table:—

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
17	6	5	11
16	8	11	19
15	23	21	44
14	26	19	45
13	26	13	39
12	27	7	34
11	16	9	25
10	22	11	33
9	28	14	42
8	31	13	44
7	16	13	29
6	22	12	34
5	9	8	17
4	7	3	10
3	9	8	17
2	2	4	6
	<hr/> 278	<hr/> 171	<hr/> 449

Regarding the reasons for referral, and using the system of diagnostic classification published as Appendix B. in the Underwood Report:—

52	were referred for	nervous disorders
59	„ „ „	habit disorders
292	„ „ „	behaviour disorders
2	„ „ „	organic disorders
40	„ „ „	educational and vocational difficulties
4	Unclassified	

These statistics only indicate what in fact is happening in Bristol. The very high proportion of behaviour disorders is undoubtedly due to the large number of court cases which are seen—in fact 111 of the total. Compared with many other clinics the ratio of boys to girls is more nearly equal. The high percentage of court cases is probably also responsible for the bulge at the 14 and 15-year age level. Otherwise it will be seen that between the ages of 6 and 15 the average per year is 34.

Administration

The following figures are taken from the Directory issued by the National Association for Mental Health:—

	<i>Child Guidance Clinics</i>			
Local Authority	198
Hospitals	109
Joint Regional Hospital Board and Local Authority	167
Voluntary	8
School Psychological Services	128

These figures, while indicating the varying pattern of administration, also highlight the diversity of people who may be involved in helping an individual child. This country has no “Ministry of the Child” and the services for children tend to be centred round the separate functions of the child, the

general care being the province of the Home Office, education of the Ministry of Education, and Health of the Ministries of Health and Education. Unless there is a very close liaison there can be duplication of services, but there is a more serious risk that the child, in a sense, may be considered only in part and not as a whole. The hospital-based clinic tends to be medically orientated with the other disciplines brought in only at times. The school psychological services working on their own may or may not have complementary medico-psychological services. Possibly the clinics administered by local authorities tend to find it easier to see the child as a whole, but may suffer from a lack of close liaison with the family doctor. The old child guidance clinics emphasised the "team" approach, each discipline making its own special contribution. The national tendency at present, however, seems to be to return to a 'split' service—a medical and an educational service running more or less in parallel. Twenty-seven years of experience with the 'joint' approach makes one well aware both of the difficulties when crossing the usual administrative lines, but also of the great advantages that this system can give to an individual child and his family. Psychologists who have worked elsewhere and who have come to Bristol, find this close team work extremely helpful to them. The Senior Educational Psychologist, Mr. R. V. Saunders, has commented—"There is no doubt in the minds of the educational psychologists regarding the advantages of working in a combined school psychological and child guidance service. Once one has appreciated the value of the multi-dimensional approach to case work employed by the child guidance team, one comes to realise the limitations of a strictly 'educational' approach, and its inadequacy from the point of view of safeguarding the mental health of those children who are showing symptoms of stress during their school years, whether in school or out of it. Former members of the educational psychological staff who have gone to work in other areas where there are two separate services (child guidance and school psychological) tell us how fortunate we are in not having this artificial division in what ought to be an integrated service interested in the needs of the whole child. This is an asset which we must not throw away".

Children under five

It has taken 25 years for the staff of many schools to become really aware of what the concept 'maladjusted child' means, and of the services available for helping such children. Some schools used to consider that it was a reflection on their ability or efficiency if they had a 'problem' child on their registers. This, of course, is an emotional attitude but tended to result in children not being referred in case it was regarded as a slur on their teaching capacities.

Something similar would seem to occur with regard to children under five. There is usually an element of optimism—"the child will grow out of it"—and many parents regard it as an unwarranted criticism of their own ability if it is suggested that they should seek outside help. Three years ago the "Under Fives" were specially identified and the number referred has remained considerably lower than was anticipated.

<i>New Cases (Under 5) seen since January, 1960</i>			
Quarter ended:	31.3.60	—	5
	30.6.60	—	13
	30.9.60	—	16
	31.12.60	—	23 = Total 57
	31.3.61	—	7
	30.6.61	—	13
	30.9.61	—	9
	31.12.61	—	13 = Total 42
	31.3.62	—	5
	30.6.62	—	11
	30.9.62	—	14
	31.12.62	—	18 = Total 48

In order to find out a little more about the possible incidence of very young maladjusted children, a research project was organised in one area of the City. The Health Visitors, when following up a newly born child, were asked to fill in a brief questionnaire on the behaviour of the next eldest child. The first questionnaire was filled in 6 weeks after the birth of the baby, and there was a follow-up questionnaire completed 6 months thereafter. The main findings of this piece of research will be published elsewhere, but of the 100 children, 61 showed definite reactions to the birth of the new baby, and in 39 cases symptoms were still present six months later. Eleven of these 39 were considered to be definitely disturbed and the family situations worth special attention. This survey was undertaken as a pilot survey and only the behaviour of the child was assessed, no attempt being made to grade the mother as relaxed or tense, and other factors such as death of grandparents, unemployment of father, illness of the child concerned, which might obviously play a part in the continuance of the symptoms, were not recorded. It would seem that 10 per cent of the children were worthy of "special supervision" if they were not later to present themselves as maladjusted.

The following are examples:—

1. "Baby now bottle fed. M. takes W's bottle. Demands a lot of attention from mother".
2. "Still very jealous. During visit ran outside, continually banged the windows".
3. "Has scratched the baby's face with a pen; pulled her over the side of the pram".
4. "No longer hits the baby; child is very miserable instead, whines, still likes the bottle".
5. "Does not bite baby any more. Loves to play with baby and more protective. Sucks baby's teat on bottle when in use".

It is hoped to be able to arrange to follow this 10 per cent of children for the next year or so and see whether their difficulties settle before they reach school age.

CHILDREN'S CHEST CLINIC

W. M. Sutcliffe

During 1962, 39 new patients attended the clinic: of these, 4 were under 5 years of age. Thirty-one children continued to attend having been first seen in the previous year. The sex ratio (boys : girls) was 4 : 3.

Recurrent aspiration bronchitis was the main problem. A third of the new patients were referred to the E.N.T. surgeon. Of these 8 underwent adenoidectomy; 7 of these operations were combined with other procedures. It is interesting that there was tonsillar enlargement in only one of these children. Seven children also had evidence of antral infection. The adenoids and antra are not very amenable to clinical examination, and should always be considered as a likely sources of infected material, which may aspirate into the bronchial tree.

Liaison with the school psychological service has been most useful. School difficulties are a not uncommon precipitating factor in children prone to wheezing.

Efforts have been made to prevent respiratory infection by means of the use of influenza vaccination. Not only the children attending the Chest Clinic have been vaccinated but also the delicate children at the South Bristol School and the spastic children at Claremont School.

The leisurely pace of the clinic has again been much appreciated by parents since adequate time is always available for a thorough discussion of the problems of the management of the child's illness.

CHIROPODY CLINIC

L. I. W. Tasker

The total number of children attending at the Central Health Clinic with foot ailments showed a small decrease compared with 1961, all classifications being in much the same proportion except *Hallux Valgus* cases which were slightly more numerous.

Although fewer patients attended with *Verrucae* there were more cases of multiple lesions and this suggests that the children had not been sent for treatment soon enough.

Some parents do not realise that early treatment is essential to prevent spreading both on the child's own feet and also to others by infection of floors, footwear, etc.

During the year some twenty-five cases were referred for orthopaedic surgery or physiotherapy.

			Attendances			
			School children		Pre-school children	
			1st	Other	1st	Other
Metatarsalgia	...	...	3	6	—	—
Hammer toes	...	...	19	50	1	—
Verrucae plantaris	...	...	470	1,785	1	—
Hallus valgus	...	...	15	21	—	—
Foot strain	...	...	4	6	1	—
Miscellaneous	...	...	148	239	3	7
			659	2,107	6	7

DEATHS OF SCHOOL CHILDREN

A. L. S.

In 1962 there were 16 deaths of children of school age, 5—14 inclusive, and this is the lowest recorded number, equalling that of 1955.

1957	...	28
1958	...	24
1959	...	23
1960	...	22
1961	...	24
1962	...	16

The causes of death are set out below:—

Age	
Boy 11	Bronchopneumonia Febrile coryza Cerebral diplegia
Boy 5	Cerebral hypoxia Status epilepticus Respiratory infection
Boy 12	Uraemia Acute glomerular nephritis Henoch Schönlein purpura
Girl 5	Purulent meningitis
Girl 14	Acute coronary ischaemia Infundibular resection of pulmonary stenosis
Girl 10	Terminal acute broncho-pneumonia Congenital malformation of heart (sub valvular pulmonary stenosis)
Girl 13	Status epilepticus
Boy 12	Bronchopneumonia Glioma of brain stem
Girl 10	Acute leukemia
Boy 13	Respiratory failure Recurrent bronchial asthma
Boy 13	Fibrocystic disease of lungs
Girl 11	Acute cardiac failure Congenital aberrant left coronary artery
Boy 10	Acute pyelonephritis
Boy 10	Multiple injuries Road accident
Boy 5	Acute leukemia
Girl 11	Myocardial fibro fatty degeneration Congenital malformation of heart (Sub pulmonary stenosis)

It will be seen that only one death was attributable to accident or other violent cause and three only to new growths (which include two leukemias). Deaths from these two groups of conditions have in the past been responsible for half the total deaths of school children, yet this year the proportion is now only a quarter in this City. Although, of course, the numbers are very small, it may be that changes are taking place in the factors causing death from these two conditions, which are not appreciated at the present time. It is tempting, to say the least, to hope that safety measures taught to children are at last reaping their reward. It is quite unknown, however, why there were so few cases of new growth. There were 4 deaths which were attributed to congenital heart disorder, and two children died in status epilepticus.

DENTAL CLINICS

J. McCaig

The number of dental officers employed by the Authority remained similar to last year with eight full-time officers and 14 sessional officers (total equivalent 12 full-time). Miss Blinkworth, one of our full-time officers, retired in October because of ill health. It was not possible to recruit a full-time officer in her place, but two sessional officers were appointed for five sessions a week each. The Dental Department at Lawrence Weston Clinic was vacated by Mr. Neilson, the dental surgeon who rented the premises, and the opportunity was taken to redecorate the surgery, fit new cupboards and restore the waiting

room. In September a sessional officer was appointed there for nine sessions a week. Two surgeries at the Central Health Clinic were modernised this year, each fitted with a new unit, operating light, dental chair and cabinet. An x-ray machine was installed in one of the surgeries at Speedwell Clinic, and at Mary Hennessy and Brooklea Clinics new operating lights were fitted to existing units. Alterations to the laboratory are now complete and this will enable the orthodontic scheme to expand.

The first group of nearly 60 ancillary dental workers qualified from their teaching hospital this year and we were fortunate to have one appointed to Bristol. The dental auxiliary, Miss Rockett, commenced duty in September. An interim report on the work of the dental auxiliary will be called for by the General Dental Council in July, 1963. If the experiment is a success and these ancillary workers become available in large numbers the effect on the organisation of the School Dental Service will be stimulating. The dental auxiliary may well take over much of the routine work of the dental officer, except for the extraction of permanent teeth, allowing him to devote his skills to more complex operations. At present it is difficult to say how many auxiliaries will be required to provide a comprehensive service for a given number of children, but it is obvious that young children will benefit from their work.

The pattern of treatment remained very similar to last year. Less children were treated, but there was an increase in the number of attendances for treatment. The number of extractions has decreased and the number of administrations of general anaesthetic. Details of the work carried out are contained in the statistical table at the end of the report.

It is recognised that the rate of development of caries is approximately one tooth decay per child per annum. The number of teeth filled this year by the Local Authority dentists was 21,955 and there are 65,000 school children in Bristol. Assuming that some children go to their own dentist it is still obvious that more dentists are required in the School Service. An increased endeavour in the field of prevention is essential. Dental caries, periodontal disease and malocclusion are the main diseases which the dentists have to contend with and their harmful effects are progressive and cumulative. Dental research has shown the interplay between these diseases, untreated: caries predisposes to periodontal disease and often aggravates malocclusion, whereas malocclusion can increase the liability to caries and periodontal disease. The treatment of children is the essential basis of a dental health service and the establishment of the best state of dental health with school children is the foundation on which continued dental health must be built. Planning of preventive and curative treatment for all dental diseases and abnormalities must be laid down for each individual patient during the early period of his life. Children's teeth have always been bad, but our affluent society of today has changed them from bad to worse. Raised economic standards are followed by an increase of the incidence of caries, in spite of the fact that people are eating better than ever before. Although a nutritionally adequate diet, which does not predispose to caries, is now an economic possibility for most people, a decrease in the incidence of caries has not occurred. This is possibly due to two factors: (a) the fermentable carbo-hydrates are cheap and palatable and meals can be prepared from them quickly and with little effort; (b) many people are unaware that it is the frequency of eating these carbo-hydrates, rather than the total intake, that causes the damage to the teeth, especially the between meal snacks, after which brushing or rinsing as a rule is not carried out.

The increase in the incidence of caries can be reduced by our present knowledge of preventive measures: such as artificial fluoridation of the public water supply, regular dental inspection and treatment, dental health education. If one part per million sodium fluoride is added to the public water supply the incidence of caries will be reduced by as much as 60 per cent. This statement was made when the report on the fluoride studies, which have been going on in this country for the past five years, was published. The report confirmed that fluoridation of the water supply was the most effective known measure of caries prevention. The Standing Dental Advisory Committee, having examined the data, advised the Minister of Health to take action to promote the general adoption of fluoridation in England and Wales as soon as possible.

Suitable advice to patients on the need for regular dental treatment must be given. Patients must be informed that facilities for treatment are available and are to be used at the right time. Children should approach dental treatment as if it were part of their normal school training, and co-operation between the dentist and the school is essential. The dentist should almost become one of the staff of the school during the time the children from almost become one of the staff of the school during the time the children from that school are receiving treatment. It is debatable how far it is a teacher's duty to preserve children's teeth, but it is surely no part of his duty to encourage children to destroy their teeth by having any doubt as to the right or wrong of selling biscuits and sweets in school. It is in the highest interest of a school dental officer to promote the efficiency of the service. Among a large proportion of the population he may be the only dentist seen by the child, who will assess the value of dental treatment by the way it affects him. It is essential, therefore, that the treatment is sound and the service is efficient. The dentists' register shows a further increase in registrations, the highest so far, but an increase in the number of school dentists has not been forthcoming. Youthful replacements are practically non-existent and even increases in salaries have little effect on recruitment. The initial salary is still not high enough and the length of time to reach the maximum salary is too long and out of all proportion to the ability of the dental officer. It should be possible to obtain recruits in the school dental service as conditions can be ideal, with enough time and with sufficient variety of work to keep alive the dentist's interest. The status of the school dental officer does not command respect and, until this is attained, recruitment of young dentists to the School Service will be difficult, and the goal of regular inspection and treatment a long way off.

Dental health education must be continuous and progressive and anything less is a waste of time and money. There is no substitute for the chairside talk or demonstration given by the dentist, the auxiliary or the hygienist. Posters and films all have their uses, but campaigns to ban sweet eating are useless as any form of compulsion is a retrograde step. Education is a most desirable way to lead patients to sensible diet and oral hygiene. Even those children with sound teeth or who have received a course of treatment that has brought their mouths up to a high state of dental fitness should continue to have education in dental health.

A Dental Trades Exhibition was held during the year by one of the local dental companies and the Corporation Dental Department was invited to take part in the exhibition. This was agreed with the following objects in view: (a) to interest the children in dental equipment, instruments and materials, (b) dental health education. A number of secondary schools were asked to co-

operate in this venture and children were brought along in groups to visit the exhibition. Two complete dental surgeries were on view and the company's technical advisors explained to the children how the equipment worked. A section of the exhibition was devoted to old instruments and the children were most interested in them. Dental health literature was on view, posters, flannelgraphs, etc., and the dental officers, hygienist and auxiliary were present to answer questions and to explain about diet, tooth brushing and oral hygiene. The children also saw the film "Where There's a Will" loaned by the Oral Hygiene Service, which was enjoyed very much, and the success of the exhibition was apparent by the easy confidence shown by the children and their keen interest in the equipment.

Dental Hygienist

The number of children seen by the hygienist was 1,350, which was an increase over last year. There is only one hygienist in the City for both public health and school health, therefore dental health education is thinly spread. It was decided in September to move the hygienist to the north part of the City with Southmead Clinic as centre, and, with an area including Portway, Lawrence Weston and John Milton Clinics, it was hoped to develop a sustained dental health education programme, by more frequent visits to the schools and clinics. Thus the effort in education would become more effective. This change coincided with the appointment of the dental auxiliary to the Central Health Clinic, who would take on the dental health education in the schools and clinics in the centre of the City as well as her other clinic duties. Contact with the hygienist was not completely lost to the remaining areas as it takes some time for a change of this nature to adapt itself.

Number of children seen	...	...	...	1,350
Number of attendances for treatment	...	...	...	1,642
Number of mothers seen	...	...	...	90
Number of attendances for treatment	...	...	...	142

Maternity and Child Health Service

The school dental service also gives treatment to the priority classes and 296 sessions were devoted to treating them.

Hospital Facilities

Some schools are allocated to the Dental Hospital for treatment so that pupils can attend there:

Number of children inspected	...	...	...	986
Number of children requiring treatment	...	...	...	711
Number of children treated...	...	...	...	248
Number of attendances for treatment	...	...	...	1,263

The Senior Hospital Dental Officer for the South-West Regional Hospital Board, Mr. Hazell, continues to work three sessions per week for the Local Authority.

Dental Technician

The number of dentures made for children is very similar to last year, 50 as against 44, but there is a decrease in the number of dentures for mothers from 97 to 65. There is an increase in the number of removable orthodontic appliances made for children from 18 to 59.

Number of dentures for mothers	...	...	...	65
Number of dentures for children	...	...	...	44
Number of repairs for mothers	...	...	...	Nil
Number of repairs for children	...	...	...	12
Number of gold inlays	...	...	...	7
Number of crowns	...	...	...	5
Number of removable appliances	...	...	...	59

Orthodontic Clinic

The Consultant Orthodontist visits the various clinics selecting patients for treatment. There is an art in selecting these patients and two factors have to be considered: (1) the co-operation of the patient and parents throughout the whole length of the treatment, which can vary from two months to two years—not only the specialist treatment has to be undergone, but the advice on general treatment must be adhered to, otherwise the orthodontic treatment is useless; (2) consideration must be given to see that the result will be reasonably good and permanent. Some of the patients selected are referred to the Dental Hospital for teaching purposes, others to the clinics for treatment by the dental officers.

Number of patients	... ..	417
Number of attendances for consultation	... ..	659
Number referred to the Dental Hospital	... ..	239
Number of treatments completed	... ..	47

Extension Dental Services

Dental inspection and treatment is available for children in residential homes and also handicapped children. Those children who are severely handicapped are treated at the Dental Hospital.

EAR, NOSE AND THROAT SERVICE

H. D. Fairman

The Ear, Nose and Throat Service has undergone no radical change or expansion throughout the year. Three consultant ear, nose and throat surgeons examine children referred to their special clinics by school medical officers, general practitioners or consultants in other special clinics.

Total cases	... ..	1,265
Total recommended for removal of tonsils and adenoids	...	276
Total recommended for removal of tonsils and adenoids and bilateral antral puncture	... ..	118
Total recommended for bilateral antral puncture...	...	17
Total recommended for sinus exploration	... ..	23
Total cases of chronic suppurative otitis media	... ..	140

The work of the Hearing Assessment Clinic has benefited by its transfer from the Central Health Clinic at Tower Hill to King Square where it is now housed in spacious and quiet accommodation in the Institute for the Deaf, which has recently moved into a new building, with excellent sound-proofing qualities. We are most grateful to the Reverend S. W. Hartnoll for his willing co-operation in making this transfer possible. The Tower Hill premises had become intolerably noisy after the reorganisation of traffic in the Old Market area.

Dr. I. G. Taylor visited us again in December to give further instructions to health visitors in screening tests for deafness in babies and young children.

The hearing screening of school entrants was begun this year and is reported on page 15.

Educational treatment for the partially-hearing is well provided for in an infants' and a junior partially hearing unit attached to normal schools, and by the supervision of pupils at secondary school level by a teacher of the deaf based at Elmfield School. Children with less severe disability are supervised by a peripatetic teacher of the deaf who visits them at their individual schools. The severely deaf are provided for at Elmfield School for the Deaf.

EMPLOYMENT OF CHILDREN

L. A. Tavener

During the year ended 31st December, 1962, medical examinations were given to 450 children. Of this number two children were found to be unfit for part-time employment and were, therefore, refused registration. The remaining 448 children were registered for part-time employment as follows:—

<i>Trades</i>			<i>Children Registered</i>		
			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Newsagents	...	...	371	17	388
Butchers	...	...	5	—	5
Grocers	...	...	20	6	26
Hairdressers	...	...	—	6	6
Multiple Stores	...	...	—	7	7
Confectioners	...	...	—	3	3
Shoe Retailers	...	...	—	3	3
Others	...	...	6	4	10
Total			402	46	448

This shows a decrease of 252 children registered for employment compared with the 1961 figure of 700. The average number of children registered for employment at any one time was 338.

The reduction in numbers was partly due to the unavoidable delay in making appointments due to the extreme pressure on staff, so that some children had reached the upper limit of compulsory school age before being examined and were therefore not registered although working.

There has been a noticeable increase in the variety of occupations for which children have been registered, many children taking part-time work during their last one or two terms at school as a preparation for full-time employment with the same employer on leaving school.

Nineteen children were examined and found fit to take part in public entertainments for which licences were granted. These included a German girl, on tour with her parents, performing in a circus. No adverse reports were received respecting the conditions under which these children were employed.

In addition to the above, requests were received from the Gloucestershire Authority for the examination of six children to be registered for part-time employment within their area.

ENURESIS CLINIC

J. E. K. Kaye

The treatment of nocturnal enuresis in 1962 followed the pattern of previous years. During this year 157 children attended my enuresis clinic. Out of this number, 65 children were discharged, 28 of them (17 boys and 11 girls) failed to attend and their cases were closed. Thirty-six patients (20 boys and 16 girls) were discharged as cured after 6 to 9 months' observation; 19 of these (13 boys and 6 girls) were cured by the use of a nocturnal enuresis alarm and 17 children (7 boys and 10 girls) by routine treatment with drugs.

<i>Cured by nocturnal enuresis alarm</i>			
<i>Age group</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
8—10	4	5	9
11—13	4	0	4
14—16	3	1	4
over 16	2	0	2
Total	13	6	19

Cured by routine treatment

<i>Age group</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
5—7	4	1	5
8—10	1	7	8
11—13	2	2	4
14—16	0	0	0
over 16	0	0	0
Total	7	10	17

One child was discharged at the parents' request and 8 children (5 boys and 3 girls) presented serious psychological problems and were referred to the Child and Family Guidance Clinic for full investigation and treatment.

The results of treatment with the nocturnal enuresis alarm are very encouraging, especially in stubborn cases. However, about one-third of the cases treated by this method failed to respond and children under 8 years of age appear to be too young for the treatment with the nocturnal enuresis alarm. They are often frightened by the sudden loud noise of the alarm. In some cases it is impossible to use the alarm as it disturbs the sleep of other members of the family, especially when several children sleep in one bedroom and often in one bed.

84 children remain under treatment for 1963 (50 boys and 34 girls). The table below shows the age distribution of these children.

<i>Age group</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
5—7	19	18	37
8—10	16	9	25
11—13	13	4	17
14—16	2	3	5
over 16	0	0	0
Total	50	34	84

The total number of school children treated at enuresis clinics run by Dr. Kaye and other school medical officers was 311, including 15 children of pre-school age, and altogether 1,574 attendances were made during the year.

EYE CLINICS

A. L. S.

There was a slight reduction in the number of children seen at the refraction clinics during the year (4,275 as against 4,610 in 1961), but the number of operations at the Bristol Eye Hospital for squint, noted last year as greatly on the increase, has even further increased (251, compared with 212 in 1961 and 88 in 1960).

Total attendances at the ophthalmic clinics were 6,920. The orthoptist, Miss M. J. Smith, has also continued her clinic at the Central Health Clinic (in addition to her work at the Eye Hospital), and during the year 2,316 attendances were made at the orthoptic clinic by 412 children.

HANDICAPPED CHILDREN AND SPECIAL SCHOOLS**Blind Children**

A. L. S.

The Authority was maintaining 13 children at the Bristol Royal School for the Blind at the end of 1962, 7 boys and 2 girls being resident, and 1 boy and 3 girls day pupils. There were also two girls at the Royal Normal College for the Blind and one boy at the Worcester College for the Blind, bringing the total number of blind children maintained by the Authority at special schools to 16.

Further education was also being provided for blind students as follows:—

	Male	Female
Bristol Royal School for the Blind	1 (day)	
	1 (resident)	
Royal Normal College for the Blind, Shrewsbury	1	1
Heathersett Pilot Training Centre, Reigate, Surrey	1	

Partially Sighted Children

There were 21 children (15 boys and 6 girls) attending the unit for partially sighted children at the South Bristol School at the end of the year and one boy was being maintained at the West of England School for Partially Sighted Children at Exeter

Deaf Children

Under the Handicapped Pupils and Special Schools Amending Regulations 1962 the definitions of pupils handicapped by impaired hearing have been changed, in order to take account of the greater use of residual hearing made possible by improved electronic aid and new techniques of special educational treatment. They now read as follows:—

“deaf pupils, that is to say, pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language;

“partially hearing pupils, that is to say, pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils”.

Elmfield School for the Deaf

R. E. Olding

The children at the secondary stage continue to benefit from subject teaching both at Elmfield and in schools for hearing children. Two boys were transferred during the year to the partially hearing unit at Eastville Junior Mixed School. All the school-leavers were satisfactorily placed in employment. School journeys were made to Hythe and Devil's Bridge.

Members of the staff attended a number of courses and conferences throughout the country during the year.

As usual, the school received a large number of visitors. During most of the Spring Term three students from the Department of Audiology and Education of the Deaf, University of Manchester, were attached to the school for practical training.

A flat vacated by the caretaker will be adapted for school purposes and will comprise a new medical room, school library and a science exhibition room.

A tennis-court has been marked out and the appropriate equipment provided.

At the end of the year 54 children were on the roll:—

	Boys	Girls
Bristol L.E.A.	23	22
Glos. L.E.A.	6	3

In addition to the children at Elmfield the following deaf children were being maintained at various residential schools at the end of the year:—

	Boys	Girls	Total
Mary Hare Grammar School, Newbury ...	1	3	4
Royal West of England School for the Deaf, Exeter	—	1	1
Yorkshire School for the Deaf, Doncaster ...	—	1	1
St. John's School for the Deaf, Boston Spa, Yorks.	1	—	1
Summerfield House School, Malvern, Worcs.	—	1	1
Royal School for the Deaf, Birmingham ...	1	—	1

Unit for Partially Hearing Children, Eastville J.M. School

R. G. Lewis

In accordance with the Ministry of Education's amended definitions of pupils handicapped by impaired hearing the term Partially Hearing Unit is now used for this group.

Since the last report a girl and a boy have been transferred at eleven years to Pen Park and Greenway Schools where they come under the supervision of the teacher of the deaf specially appointed to deal with secondary school children, and a girl of ten years has been placed in a hearing class in this school. Three children have been admitted, a seven year old girl, the first from the Ashton Vale Unit, another seven year old girl from a special school, and an eight year old boy from Fonthill Junior School. They have settled happily in the unit. The number on roll remains at ten.

Three children spend long periods with hearing classes, returning to the unit for special help, while the others join other classes for shorter periods several times weekly. All mix freely with the hearing children and are accepted by everyone concerned as normal members of the school.

Miss E. Johnson, H.M.I. for schools for the deaf, visited the unit in March in connection with an investigation she was conducting, and in which we had participated, on the welfare of children who, after a period in a unit or a school for the deaf, had been transferred to ordinary schools. Our educational psychologist, Dr. Wedell, has been a frequent visitor during the past year.

All children again attended the Clinic as a group, accompanied by parents, teacher and headmaster. It was recommended at this session that a few children should be fitted with receivers in both ears, powered by one aid, i.e. a Y-lead.

A welcome change in the arrangements for the repair and maintenance of equipment is the recent order given by the Education Committee to one firm to cover all apparatus. Individual aids continue to be serviced weekly by a hearing aids mechanic from the General Hospital.

Close contact is maintained with the parents who are at all times welcome to visit the unit.

Partially Hearing Unit for Infant/Nursery Children

M. Ferguson

Ashton Vale Primary School

There has been a staff change in the unit this year. Miss E. S. Davies resigned in July on her marriage, and Miss A. R. Judson was appointed.

We have admitted three children and transferred one to the group at Eastville J.M. School, so at present have twelve on roll.

We are grateful for the service given by Mr. Roberts of the Hearing Aid Department, General Hospital, who visits weekly.

In addition to the children at Eastville and Ashton Vale primary schools, the following partially hearing children were being maintained by the Authority at residential schools at the end of the year:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Tewin Water Residential School, Herts. ...	1	—	1
Burwood Park School, Walton-on-Thames ...	1	—	1

Work with Partially Hearing Children by the Peripatetic Teacher of the Deaf

R. H. Sturman

The year has been a happy and satisfactory one in the work with partially hearing children for there have been no staffing problems. With good co-operation between the two teachers of the deaf concerned with the Clinic assessment work and pre-school children and Mr. Burgess and myself dealing

with the children in schools there has been steady progress throughout the year.

Work with the twenty-six children on the list at the end of 1961 continued and during the year twelve new children were added. At the end of the Spring Term two boys and one girl reached school leaving age and found suitable employment, one girl needed no further help and one boy went to the Junior Partially Hearing Unit. At the end of the Summer Term one boy needed no further help.

When the new school year began in September one boy moved from Junior to Secondary School, one girl from Open Air School to ordinary school and one girl came off the list and went to a school for educationally subnormal girls. The girl at a grammar school was ninth in her form of thirty girls. At the end of the year one girl reached school leaving age and started work.

During the year 832 visits were made and at the close the dispersal of children was as follows:—

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Grammar	...	...	—	1	1
Secondary	...	...	6	4	10
Junior	...	...	4	9	13
Infants	...	...	3	1	4
Special	...	...	1	1	2
Totals	...	...	14	16	30

Educationally Subnormal Children—Day Special Schools

Henbury Manor School (Junior Children)

Jean Davis-Morgan

The House and Family Scheme has now been in operation for two years and we feel justified in pronouncing the experiment successful. An ever increasing number of our pupils have additional handicaps and for these children the security of a small group is all important.

For the first time in some years we have a waiting list and in spite of admitting fourteen new cases in January an equal number of demands for places has already been received from heads of primary schools. To increase our group totals would be to defeat the whole aim and purpose of our work, but we regret the fact that children are marking time waiting for transfer.

Life at the Manor has the great advantage of a timeless day. No sword of 11 plus hangs over the heads of our children and we are therefore fortunate in being free to “enjoy” a full and liberal education and able (as a Scottish colleague recently advocated) to cut the “chalk and talk”. Situated as we are on the fringe of a large city yet in the quiet isolation of a rural village, we have the best of both worlds. One day the children may be taken to the museum or art gallery to see a visiting collection, another to a big store to buy goods for a project or centre of interest, while at other times they go to the local woods on tracking expeditions armed with frying pans to cook their own lunch, eaten with all the relish of adventurers. Their knowledge of wild life has increased tremendously by first-hand observations on such field days and their physical prowess and self confidence is gained by climbing the steep banks and heights of Blaise. While the mornings are devoted to 3.R activities in family groups, the afternoon sessions, when the “families” meet and mix, broaden the children’s experience. Music, drama and art in all their various forms occupy these sessions, of which the monthly production of a play to the rest of the school is the highlight.

The multitude of visitors we receive is sometimes overwhelming yet we feel that this has a twofold purpose both in teaching the children to mix socially and with grace, and in educating the uninitiated public to the problem and place of the mentally subnormal in society.

It is seven years since we came to the Manor and seventeen since our school first opened in Newfoundland Road and already we have some second generation children in whom we are particularly interested. The diagnostic unit which is attached to the main school remains an experimental centre for a small group of border line cases, the majority of which are eventually transferred to the Mental Health Authority. A few autistic children have been observed and a number of psychotic cases too have been referred elsewhere for more specific treatment than we are able to give here.

The Diploma Course for teachers of educationally subnormal children has attracted another member of our staff, and this year Miss Shapton has been released for advanced study at Leeds University. She is making the theory and teachings of Piaget the subject of her thesis, having previously carried out experimental work along these lines in one of the Family Groups. Another member of the teaching staff has been released one half day a week to attend courses on pottery, sculpture and fabric printing at the College of Art, from which eventually the school will derive much benefit.

A recent programme of redecoration has made the Manor a very attractive "school-home" for the E.S.N. children whose stay here we endeavour to make happy and profitable, so that they at least learn that "Life is for Living".

Report of the Medical Officer

B. J. Boulton

During term time throughout the year, weekly visits to Henbury Manor School have been maintained by the School Medical Officer. This close contact with the school allows him to deal with problems with the minimum of delay.

Apart from special medical examinations carried out at the request of the school teaching staff, or following letters received from parents, each child undergoes a full medical examination at least twice yearly, special attention being given to defects which may be expected to handicap further the educationally retarded child. During the year, a number of children have been referred for specialist treatment or advice.

As usual, the Diagnostic Unit has presented us with most of our more difficult problems. In solving a number of them, we have been greatly helped by the knowledge and experience of the Senior Educational Psychologist, Mr. R. V. Saunders, who has returned to our Diagnostic Unit team.

During each year, a large number of Intelligence Assessments are undertaken, and an attempt is made to present our senior special schools with an up to date picture of the educational level and attainments of each child who will pass on to them from Henbury Manor Junior Special School.

The Revised Stanford-Binet Intelligence Scale, 1960, now in more general use, is generally accepted as being rather more difficult, but probably more accurate than is the L Scale. In our experience, children tested on the L-M Scale show a 5 to 6 point drop in their I.Q. figures.

Intelligence tests are, of course, admittedly limited in their function, but those of us who have worked with educationally retarded children long enough to see a number of them through their Special School lives, will probably agree that a carefully assessed I.Q. in a child between the age of 6 and 7 years is, in the great majority of cases, an extremely useful prognostic aid.

Russell Town School (Senior Boys)

J. N. Tolley

Throughout 1962 the number of boys on roll remained in excess of 120. One member of staff left us to join another authority at the beginning of the year. A teacher returned to me in July, after successfully completing a third year course at Redland Training College. Another member of staff joined

the Diploma in Education Course of the Institute of Education in September.

The year has seen steady progress in our efforts to help our boys in every way, despite the complete lack of any improvement in the premises or grounds. Proposed improvements have been held back by continued talk of, and efforts to obtain, a new building. The uncertainty persists, and 1962 can be added to a decade of waiting for new premises.

Our efforts to lessen the difficulties of transition from school to work continue to meet with success. All but a few of our boys are now happy to remain with us until they are ready to take, and able to take, the right step from school to a job. There has been some extension too, of our day-continuation classes. It now seems likely that through these classes boys will maintain contact with us until they are about 18 years of age. We are very conscious of the need for a better follow-up of leavers, and closer supervision of the transition period. This we find impossible to achieve with the present level of staffing. Those boys who need most help, who find settling into work most difficult, or who may drift towards delinquency at this stage are our main concern. We hope that 1963 will see the school better equipped to cope with this problem.

House in the Garden School (Senior Girls)

I. M. Bond

The year 1962 was marked by the beginning of the building of the extension to the school: two new classrooms and a room for a smaller group will be provided. Later, alterations to the existing building will be undertaken. This improved accommodation will make a considerable difference to us, as for some time various activities have had to be curtailed or postponed in view of the lack of space. During 1962, numbers have been for the most part 90—96 including two girls from Somerset and one London girl. The attendance during the year has been good, the general standard of cleanliness and health remaining satisfactory.

Developments are proceeding to improve further the training for work as the employment situation becomes increasingly difficult.

Special Classes for E.S.N. children in ordinary schools

A. L. S.

During the year a further 8 classes for educationally subnormal children were opened in ordinary schools, making a total of 42 altogether, 27 in primary and 15 in secondary schools. The maximum number in each special class is restricted to 20.

Educationally Subnormal Children—Residential Special Schools

Croydon Hall School (Senior Girls), Felon's Oak, Minehead M. H. Davies

I wonder whether it would be of interest if I outlined an average week's work at Croydon Hall—our occupations and activities, and firstly, I think I should indicate that the day is a 14 hour one, from 8 o'clock in the morning to 10 o'clock at night. As this is double the average school day, it is obvious that much of our attention has to be given to the out-of-school programme. These children need training not only for school but for leisure and this entails a variety of projects and many hours of supervision.

Out of every day at least one hour is devoted to bedroom care and care of clothes and general cleanliness. To this, the various duties of washing up, laying tables, serving and so on have to be added! For these non-stop domestic duties a rota is prepared, of groups headed by a Senior and under Staff supervision. A small wage is paid from the Children's Fund every week for duty well done.

School proper begins at 9.30 a.m. with Morning Service. There are 3

classes, Senior, Intermediate and Junior—the division being decided by reading ability. I am responsible for the Senior Class, Miss Greenslade for the Intermediate and Miss Webb for the Junior, but we do not confine our work to our own class. I take Art and History with the two other classes, Miss Greenslade takes Needlework through the school and Scripture, and Miss Webb takes all Geography and Nature Study.

Periods of free time are made possible by the two periods of Cookery taken by the Matron, Mrs Deas, and the Physical Education and Games taken by Mrs. Pocock, the lay assistant, under the instruction of the Physical Education Organiser.

The teaching is good and conscientious and the work done most rewarding.

On Monday evening there is, following tea, a games hour taken by Mrs. Pocock and Miss Webb, and then an hour of music, the Recorder Band under Mrs Deas and the Percussion Band under Miss Greenslade. After supper the Seniors read plays with Mrs Pocock.

On Tuesday the three clubs separate for their private activities to their own club rooms, the senior club occupying its time in Country Dancing—again with Mrs. Pocock. After supper a period is allowed for teacher's reading, a very popular time.

Wednesday is Guide Night and we have a fine Company, the First Felon's Oak ! Miss Greenslade is the Captain and Mrs. Deas the Lieutenant. In the Summer the meeting is held out of doors and one Patrol under Mrs. Deas cooks supper for the school each week. After supper the Seniors join Mrs. Garmston, the sempstress, for Table Games until bed time.

On Thursdays, six of the older girls attend Withycombe Church choir with Miss Webb and the rest do various kinds of embroidery with me, the Seniors continuing after supper. Friday is mending night and shoe cleaning. Mrs. Deas and Mrs. Garmston are in charge and at the same time, it is telephone time, when parents may ring up their children. On an average fifteen persons take advantage of this and it is a great delight to the girls. A member of staff usually supervises this and can thus sometimes have a chance to speak to a parent.

On Saturdays, all who have worked well and have behaved well go on the bus to Minehead at 10.30 and do their shopping. Lunch is unsupervised, except by Prefects, on the sea front. Mrs. Garmston is officially in charge and one other with her. The afternoon is usually spent at the Cinema unless the Manager thinks the film unfit. After this follows a cup of tea at the Wayside Cafe and buns on the sea front. The bus leaves for Croydon Hall at 6.10 and we all come home to a hot supper prepared by Mrs. Deas. After supper Mrs. Deas shows us a programme of educational films on our own lovely projector and at about 9.30 we go to bed.

Sunday is a quiet day. The choir go to Withycombe, the rest to the little Methodist Chapel at Rodhuish, where we have our own Service. The girls with Mrs. Deas often provide the music on Recorders or Miss Greenslade plays the Melodica. Usually I take the morning lesson.

The afternoons in most of the year include a religious film, and a period of embroidery, and listening to any of our fine collection of Sunday records.

On Sunday evening, one group accompanies me to the Baptist Church in Minehead, while the others attend either as choir in Withycombe or as congregation in Rodhuish.

The day ends with supper and community hymn singing by the Seniors.

You will notice that we make every effort to vary our programme as

much as possible. There must be no dull moments if peace is to reign.

So the week goes round to Monday again; but in addition to all this activity there are three large sections of our work:—the school garden, the school hens and geese and ducks, and the rabbits, tortoises, budgerigars and guinea-pigs. The school garden is everyone's affair and Miss Webb's special responsibility. The girls love the work and are often up early in the morning and out with her. They dig and weed and water, make paths, and sow and plant, with the greatest perseverance and they have not tired although the project is now three years old.

The fowls have a special group responsible for them, they have to feed them, water them, collect and report eggs, dig over the soil, spread ashes and clean out the houses every week under the supervision of the sempstress.

The rabbit girls are completely responsible for their pets, but owing to sad experience, are allowed only to keep gentlemen. They clean the hutches, feed the animals, collect the food and exercise the beasts on fine days. The budgerigars have their attendants and are in Miss Webb's domain, while Ernest and Elizabeth the tortoises also have their own protectors as well, and they serve under the gardener's eye.

A party on 5th November, our Nativity Play, the Christmas Party, and a Garden Party, are the high lights of the year, and handwork is always being done for these events.

At the end of the year there were forty girls on the register—thirteen from Bristol, and twenty-seven from other authorities.

Kingsdon Manor School (Senior Boys), Somerton

G. A. Morris

The average number of children attending the school during the year was sixty. There were at the end of the year 31 boys from Bristol and 29 from other authorities.

It has been a good year in so far as there have been no epidemics and very little illness. There were no serious accidents either to the boys or the staff.

Most of the children and staff were immunised with influenza vaccine in October, and it is hoped that they will receive protection against poliomyelitis orally in the near future.

Dr. Fraser has visited the school each term and all boys have had an annual medical inspection by him, including boys from other authorities.

In addition to the children at the Authority's residential special schools, the following children were being maintained in independent schools for E.S.N. children.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Besford Court R.C. School, Worcestershire	9	—	9
Stokesbrook School, Filton, Gloucestershire	—	1	1
High Close School, Wokingham, Berks.	—	1	1
Meadows House School, Kent	1	—	1
All Soul's School, Hillingdon, Middlesex	—	1	1
St. Joseph's R.C. School, Cranleigh, Surrey	1	—	1

Children Unsuitable for Education at School and E.S.N. School Leavers

Under Section 57(4) of the *Education Act* (as amended by the *Mental Health Act, 1959*) the Education Committee decided that 17 children were suffering from such disability of mind as to make them unsuitable for education at school, and furnished reports of those decisions to the Mental Health Authority.

E.S.N. School Leavers 1962

	<i>From Special School</i>	<i>From Ordinary School</i>
Referred to the Local Health Authority for informal supervision	21	—
Referred for supervision by Children's Officer	4	—
Referred for supervision to After-Care Officer	15	32
No supervision necessary	7	—
Total	47	32

Maladjusted Children

At the end of the year there were 43 maladjusted children, 29 boys and 14 girls, in residential schools and hostels. Not all of these are special schools for the maladjusted, as in some cases a change from home conditions is what is needed and some independent schools are prepared to take a maladjusted boy or girl as a boarder. Finding suitable schools for these children is always a problem and they are scattered about the country as shown below. The children placed in hostels attend the ordinary day schools in the vicinity. Since the Authority started making special placements of maladjusted children this is the first year which has not seen an increase in the numbers dealt with (last year there were 46).

The placements at the end of the year were as follows:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Blaisdon Hall Salesian School, Longhope, Glos.	1	—	1
Bourne House Hostel, Lincs.	—	2	2
Breckenborough School, Yorks.	1	—	1
Burnt Norton School, Chipping Campden, Glos.	2	—	2
Camphill Rudolf Steiner School, Aberdeenshire	1	—	1
Chaigley School, Thewall, Lancs.	1	—	1
Drayton Manor School, Sherfield on Loddon, Hants.	4	—	4
Edward Rudolf Memorial School, Dulwich, London	1	2	3
Muntham House School, Sussex	2	—	2
Peredur Home, East Grinstead, Surrey	1	—	1
Pittsburgh House Hostel, Stoke-on-Trent	—	1	1
Prior Park Preparatory School, Cricklade, Wilts.	1	—	1
Redhill School, Kent	1	—	1
St. Andrew's School, Bridgwater, Somerset	3	—	3
St. Ann's Special School, Portobello Road, London	—	4	4
St. George's School, Stonehouse, Glos.	—	1	1
St. Joseph's R.C. School, East Finchley, London	—	1	1
St. Michael's Hostel, Uckfield, Sussex	—	1	1
St. Peter's School, Horbury, Yorks.	—	1	1
St. Rose's Convent School, Stroud, Glos.	—	1	1
Salmon's Cross School, Surrey	2	—	2
Southfields Hostel, Ilminster, Somerset	1	—	1
Sutcliffe School, Winsley, Wilts.	4	—	4
Swalcliffe Park School, Oxon.	2	—	2
Whatcombe House School, Temple Combe, Somerset	1	—	1
	29	14	43

Delicate and Physically Handicapped Children

Periton Mead Residential School

C. A. Organ

During the past year twenty-one children were admitted to Periton Mead, and twenty-four were discharged. Children admitted were ten boys and eleven girls, and children discharged were seventeen boys and seven girls. We

usually start each term with about forty-eight children and build up to capacity, fifty-eight, by the end of term.

Our cubs and scouts continue to flourish. One of our boys gained his first-class and three their second-class scouts' badges this year.

Five of our children were prepared for confirmation by the vicar of St. Andrew's, Minehead, and were confirmed by the Bishop of Bath and Wells at Wells Cathedral.

The majority of children who come to us suffer from asthma. Most of these improve in Minehead. Many do not keep in touch after they leave, but some do. I have had visits from three boys who were with us about fifteen years ago. All were bad asthma cases. When they came to the school recently, I learned that one had become an officer in an infantry regiment, another a service engineer for a firm of washing-machine manufacturers, and the third a representative for a well-known firm. All three were married, had homes of their own, with young families, and all were free from asthma. One of our girls left, as a pupil, at Christmas 1962, and is now a member of our resident domestic staff. Another of our old girls has begun her training as a nursery nurse.

C. Williams

The school roll at the end of the year was made up as follows:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Delicate	30	11	41
Physically handicapped ...	52	25	77
Partially sighted	15	6	21
	<hr/> 97	<hr/> 42	<hr/> 139

As in previous years some of our pupils' difficulties were more complicated than appears from the above table; several were educationally subnormal, epileptic or maladjusted. A few children were admitted to school mainly on social grounds and came from homes where this century's advances in hygiene are little known or largely ignored.

The work of the school continued to follow the established pattern after a ragged start to the year. The first fortnight of 1962 saw frost and flood damage to the library and some other rooms, gale damage to the main school building and a breakdown of the electricity supply. Our visitors came as before to give us particular assistance, like the orthopaedic surgeon, the psychologist, the vocational guidance officer, and others, or to observe, as did various individuals or groups. They included doctors, nurses and teachers and several were welcomed from places as far afield as China and Pakistan.

We have been visitors ourselves: groups of children have toured a clothing factory, a flour mill, a dairy, sat in on a fashion show, and been out by bus or car to see points of interest in Bristol. Nearly all the school spent a very full day in London, with a call at the Tower by boat. Six sturdy and very helpful boys from Portway Boys' School accompanied our party. Almost all the staff spent an interesting day of the Easter holiday seeing an American School at a U.S. Air Base.

The year had started with stresses of one sort and another proving a little too much for sections of our collection of buildings. As the year progressed a new pressure point developed: with an increased roll and better than ever attendance figures the dining room was not really large enough. Chair-bound and some other pupils require more elbow room than is first apparent. To ease but not cure this difficulty an extra dining room has been

established in a cloakroom. Another palliative would be to serve the meal in two 'sittings' and this will be tried soon, but reluctantly, for we have the rest period to consider and need to make full and careful use of our short school day.

A sad loss at the end of the year was the death of Mr. Ivor Yeomans, a member of our teaching staff, after an illness known only for a month. The Deputy Head, Miss V. H. Bates, retired at Christmas after over twenty years' service to the school.

Home Teaching

The two full-time staff and their half-time colleague were visiting eight boys and seven girls at the end of the year. The other part-time teacher had ceased duty when her special pupil became of leaving age. The teachers' joint total of visits was 2,279 but not a great deal can be read into the figures as many lessons are now quite lengthy and are very probably concerned with G.C.E. work.

Some of the children were taken out on educational outings—to Sharpness and Berkeley, to Dundry for map-reading exercises, and two joined the South Bristol School's excursion to London.

Sixteen names were taken off the register during the year for the reasons shown below:—

	<i>Boys</i>	<i>Girls</i>
Returned to ordinary school	4	1
Admitted to South Bristol School	2	—
Admitted to hospital	—	1
Too ill for tuition	1	—
Trial employment	1	—
Reached school-leaving age	3	1
Died	2	—
	<hr/> 13	<hr/> 3

It will be seen that the home taught have included pupils who are able at a later stage to return to their own schools and also those who are very seriously ill. School phobics have been visited during the year and at least one child was led back to school through the particular efforts of one of the home teachers. Possibly at the other end of the scale of disturbed children are those excluded from school and these, too, have been catered for during 1962.

Hospital Teaching

The two masters dealing with this side of our work were joined by a woman teacher who visits the Bristol Royal Infirmary for two weekly sessions. A 22-bed Children's Unit at the Royal Infirmary functioned as such for the Spring and Summer terms but was then put to other use, and the new Children's Unit has a maximum of only eight beds.

The Children's Unit at Southmead Hospital now has a day room and is well furnished for school-room use. About eight children form the average on the roll and a teacher visits on three afternoons weekly.

The total number of children who received hospital teaching during the year was 703 and, as in previous years, the bulk of the work was done at the Royal Hospital for Sick Children.

The teachers are grateful that they continue to receive every help from the medical and nursing staff at the hospitals.

Report of the School Medical Officer

P. Tomlinson

The number of delicate and physically handicapped children on the roll at the end of the year was 118 compared with 103 at the same time in 1961.

The principal conditions for which special educational treatment was required were:—

General debility	...	...	...	...	14
Post-polio paralysis	...	...	...	...	13
Epilepsy	...	...	...	...	13
Muscular dystrophy	...	...	...	...	10
Cerebral palsy	...	...	...	...	8
Asthma and eczema	...	...	...	...	6
Congenital heart disease	...	...	...	...	5
Amyotonia congenita	...	...	...	...	4

During the year 21 children left the school for the following reasons:—

Reached school leaving age	...	...	...	6
Admission to hospital	...	...	...	4
Transfer to other special schools	...	...	...	4
Return to ordinary school	...	...	...	4
Moved to another authority	...	...	...	2
Died	...	...	...	1

Epileptic Children

A. L. S.

During the course of the year assessment was made of the present number of epileptic children in the school system with the following result.

<i>Age</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
14	13	17	30
13	21	13	34
12	16	16	32
11	10	12	22
10	11	8	19
9	7	10	17
8	6	8	14
7	8	8	16
6	8	6	14
5	2	1	3
	<hr/> 102	<hr/> 99	<hr/> 201

The information is acquired mostly from hospital reports and only those children are counted, who have had more than the rare or isolated incident of loss of cerebral control. The small number recorded at the age of 5 may reflect a little delay in examining entrants, or in obtaining all the information necessary from consultants. It is difficult to think that so few children at this age have epileptic episodes. The great majority of the children are in ordinary schools and are managed very adequately there. For the few who are not able to take part in ordinary school life, the more protected life of the South Bristol School for handicapped children is a refuge for 13. This is a fairly recent development and undoubtedly supplies a need which might otherwise result in some children taking up residential places. It is not likely that the school could or should be asked to deal with more than this number. At the end of the year one boy and two girls were being maintained at the Lingfield Hospital School for Epileptic Children in Surrey

Children with Speech Defects

Four boys were maintained at residential schools for children with speech defects, two at Moor House School, Oxted, Surrey, and two at the John Horniman School, Worthing, Sussex.

Children with Multiple Handicaps

Nine children with multiple handicaps were maintained at St. Christopher's, an independent school in Bristol for children in need of special care, one boy and one girl as boarders and five boys and two girls as day pupils. One girl was maintained at the Bristol Montessori School.

Spastic Children

Cerebral Palsy Assessment Clinic

Grace E. Woods

The Cerebral Palsy Assessment Clinic was held on a Monday afternoon throughout the year at the Children's Hospital.

The outstanding event of 1962 was the opening of the Work Centre for Spastics at Dovercourt Road, Horfield. For many years the team and staff of Claremont School have been concerned about the future of the most severely handicapped cerebral palsied school leavers. There will always be a few adolescents who, after a full programme of education and treatment, are unable to obtain outside employment and are considered too handicapped for any rehabilitation unit. Many of these cases are athetoids with poor control of both hand and leg movements, some are severe spastics, and a few are mild cases of cerebral palsy with the additional handicap of epilepsy. For these, a special unit has been considered the most suitable provision. The Work Centre has been started by the Bristol Spastics Association, with a generous grant from the National Spastics Society. It is run by voluntary contributions, assisted by Local Authority grants. The patients there, now called workers, do a full day at simple factory work sent in from local factories. The machinery used is geared to the poor hand control. All the members of the Cerebral Palsy Assessment Team and the staff at Claremont School have taken an active interest in this project.

As the clinic has now been running for eleven years, the problem of employment is coming increasingly to the fore. Many of the parents of mildly handicapped adolescents are grateful that their children can stay in a secondary modern school till 16 years of age, and are finding that an extra year at school leaves the child more mature and ready for employment. It is our policy to inform the Youth Employment Officer of each child about a year before he is due to leave school. Any necessary provision of special training or advice can be arranged in advance. Some cases have been satisfactorily placed in employment on leaving school. Others need a period of assessment and training for employment at one of the special centres run by outside bodies. Some of the children from Claremont School will also need special training before being fit for remunerative work. While waiting for a vacancy in a training unit several have become temporary workers at the Work Centre.

There are sometimes severely handicapped adolescents whose parents can no longer physically care for them and who need permanent places in a special home. Two girls have been admitted to Ponds Home for Young Adult Spastics in Buckinghamshire, and their maintenance is paid for by the Bristol Welfare Services. Cases with additional mental handicap are placed in Hortham or Stoke Park Hospitals (for the subnormal).

Mr. R. V. Saunders, Dr. K. Wedell and I were invited in September to a week's International Conference on Cerebral Palsy in Oxford, run by the National Spastics Society. The four subjects under discussion were "Minimal Brain Damage", "Eye Defects in Cerebral Palsy", "Cerebellar Diseases of Childhood", and "The Need for Residential Treatment of Young Children". It was a stimulating conference.

In October, Dr. W. M. Sutcliffe left the team to take a senior appointment in the Public Health Service and his place was taken by Dr. N. A. Dent, a recent appointment as School Medical Officer, Bristol and formerly registrar in paediatrics in Coventry. The physiotherapy treatment at the Children's Hospital has been augmented by the appointment of a second senior physiotherapist, specially trained in the treatment of cerebral palsy. A large number

of infant cases of cerebral palsy and children attending Bristol schools benefit from this outpatient service. The clinic suffered a severe loss during the year by the death of Sister Jones, Sister to the Outpatient Department. She had been particularly helpful with handicapped children and given them every consideration in the Department. We are grateful for the efficient, friendly help from all the staff in the Outpatient Department of the Children's Hospital.

Claremont School for Spastic Children

M. Ram

During this year three girls have left the school. One, at 16, went to the new Bristol Spastics' Association Work Centre; a nine-year old athetoid, whose hearing loss now seemed to be her major handicap, was transferred to Elmfield School for the Deaf, and a five-year-old suffering from *spina bifida* to Henleaze Infants' School. The last two still come to Claremont for treatment. In the same period we have admitted three girls to our nursery, one hydrocephalic, one *spina bifida* and a very severely handicapped athetoid, possibly with some degree of hearing loss.

Early in the year it became apparent that some of the children on our waiting list would not secure places until they were between five and six years old. As we have found three the optimum age for admission it was decided to provide extra accommodation so that these children could come early in 1963. A pre-fabricated classroom is to be erected, another full-time teacher engaged and sufficient additional physiotherapy time allowed to give eight children three treatments a week.

Mrs. Bobath, of the London Cerebral Palsy Clinic, visited the school twice this year, to see selected children and to advise the physiotherapists. Her fees and expenses were paid by our Parents' Association. With the proceeds of its Summer Fair the Association also provided us with our first Sleyride electric chair.

As there are many days when our children cannot be out of doors on this very exposed site it was agreed that our £500 legacy should be used to provide a play shelter in the grounds. This building was finished in the autumn and has already proved to be most useful. On the south side it has glass folding doors so that the children can be protected from the wind while they enjoy the fresh air and sun.

The Claremont film now has a sequel, "Back to Claremont". In it certain children from the original film are shown three years later, so that their progress can be demonstrated. Like the first, it was made by the Bristol Cine Society, under the direction of Mr Philip Grosset. We hope that it will be available for showing early in 1963.

HEART DISEASE AND RHEUMATISM

C. Bruce Perry

The work of the Cardio-rheumatic Clinic has continued as in previous years. The figures of the attendances set out in the table show clearly, however, that the striking decrease in the incidence of acute rheumatism and rheumatic heart disease, which has been shown for the past ten years, is continuing. It is interesting to note that the figures show that not only is the incidence of the disease diminishing (only 12 new cases in the year) but so also is the severity of the disease. Thirty years ago it was generally thought that about three-quarters of the children affected with acute rheumatism developed heart disease. This year of the twelve new cases only one was thought to have heart disease. Further, of the re-examinations, 238 concerned children who had had acute rheumatism but had recovered with a normal heart and 51 only, children with varying degrees of heart damage. This is a very striking change and

illustrates very well the phenomenal decrease in the incidence and severity of the disease. Further evidence of this is provided by the fact that in 1939 sixty-five beds for the treatment of children with acute rheumatism were available at Winford Orthopaedic Hospital and there was a waiting list. During the last three months of 1962 there was no child at Winford as the result of acute rheumatism.

Summary of School Cases attending Cardio-Rheumatic Clinic, 1962, including Primary, Secondary, Nursery and Special Schools

	<i>No treatment or restriction</i>	<i>No treatment but restriction of games, etc.</i>	<i>Treat- ment and school</i>	<i>Treatment and exclude from school</i>	<i>Institu- tional treat- ment</i>	<i>Total</i>
<i>New cases—</i>						
Rheumatic heart disease	1	—	—	—	1	2
Chorea ...	—	—	—	—	—	—
No organic disease ...	30	1	—	—	—	31
Congenital heart disease	8	—	—	—	—	8
Acute rheumatism ...	—	—	—	4	7	11
	39	1	—	4	8	52
<i>Re-examinations—</i>						
Rheumatic heart disease	47	4	—	—	—	51
Chorea ...	5	—	1	—	—	6
No organic disease ...	141	3	1	—	—	145
Congenital heart disease	41	8	1	—	—	50
Acute rheumatism ...	238	—	—	—	—	238
	472	15	3	—	—	490
No. of individual children examined	...	...	...	...	...	323
No. of new cases for 1962	...	...	...	...	...	52
No. of re-examinations	...	...	...	...	...	490
Total number of attendances	...	...	...	...	...	542

INFECTIOUS DISEASES

A. L. S.

The table below shows the notifications of infectious diseases in children aged 5 to 14 inclusive:—

Scarlet Fever ...	...	...	...	...	...	64
Whooping Cough ...	...	...	...	...	...	61
Measles ...	...	...	...	...	...	58
Dysentery ...	...	...	...	...	...	143
Food Poisoning ...	...	...	...	...	...	21
Infective Hepatitis ...	...	...	...	...	...	161
Glandular Fever ...	...	...	...	...	...	25

It was an uneventful year for infectious disease experience of school children. Very few cases of measles occurred in a year when more epidemic numbers might have been expected. Notifications of infectious hepatitis declined markedly and it appears that the considerable epidemic is now burning itself out.

The number of cases of glandular fever, with which infectious hepatitis has in the past been confused, also declined from 42 cases in 1961 to 25 in 1962. A School Medical Officer continues to give special attention to cases of this disease.

Notifications of dysentery which were at a low 43 in 1961, increased to 143 in 1962. This, of course, gives little idea of the true extent of the wide-

spread dissemination of the organisms capable of giving rise to dysentery; and reliance must still be made on the constant attention to and improvement in the hygiene conditions at school and the habits of school children.

There was no case of poliomyelitis notified amongst school children for the third year, the last being in 1959 when there were 5 cases, all in unvaccinated children.

Vaccination against poliomyelitis

There was no intensive campaign for vaccination against poliomyelitis during the year. A large-scale campaign in which the schools were to take a prominent part, offering oral protection against poliomyelitis to all pupils at school, was planned for the autumn, but was postponed to the following Spring on ministerial advice owing to the 'scare' in Canada and the United States, which unfortunately was at its height just as the Bristol campaign was about to begin.

During the year 1,153 children of school age completed a primary course of vaccination, either by injection or by mouth or both.

MEDICAL EXAMINATION OF ENTRANTS TO THE TEACHING PROFESSION

The arrangements for the medical examination by the Medical Officers of the Local Authority of candidates applying for entry to training colleges and entrants to the teaching profession were continued during the year. Altogether 247 candidates were examined in connection with admission to or on leaving training colleges, and 142 teachers were examined on appointment in Bristol or for some other reason. In a further 90 cases the examination was carried out by other Authorities, and this Authority dealt with medical examinations for other Authorities in 28 cases.

MEDICAL INSPECTION

A. L. S.

A complete periodic inspection was made of 19,249 children attending the Authority's Primary, Secondary and Special schools. The statistical tables relating to these inspections can be found at the end of the report. No changes were made in the arrangements for medical inspections during the year, but a start was made with hearing screening tests for school entrants, reported on below and, after a visit by Dr. Mary Sheridan to speak to all the health visiting staff, supplies of the Pugmire-Sheridan vision testing material were obtained for use by the school nurses when testing the vision of five-year-olds in school.

Co-operation of Parents

The number of parents present at periodic medical inspections during the year was as follows:—

<i>Age groups inspected (by year of birth)</i>	<i>No. examined</i>	<i>Parents present</i>	<i>Per cent.</i>
1958 (and later)	944	931	98·6
1957	1,533	1,368	89·2
1956	3,585	3,243	90·4
1955	396	313	79·0
1954	240	155	64·6
1953	557	372	66·8
1952	1,102	780	70·8
1951	2,017	1,438	71·3
1950	757	435	57·5
1949	373	129	34·6
1948	1,689	530	31·4
1947 (and earlier)	6,056	1,563	25·8
	<hr/> 19,249	<hr/> 11,257	<hr/> 58·48

Infestation

The following table shows the number of children found to be infested in 1962 and the five preceding years.

	<i>No.</i>	<i>School population</i>	<i>Per cent.</i>
1957	1,841	66,439	2·8
1958	1,584	66,555	2·4
1959	1,278	66,700	1·9
1960	869	66,490	1·3
1961	748	65,853	1·1
1962	672	64,437	1·0

There are still some schools where the problem of infestation causes concern and in such schools the health visitor makes special visits when necessary to carry out a cleanliness inspection of all the children.

Hearing Screening of School Entrants — 1962

J E. K. Kaye

Impaired hearing in young children has great influence on their social, emotional and educational development. It is comparatively easy to diagnose severe deafness in a child but a partially hearing child may remain in school for years before this condition is detected. These children usually are educationally retarded, tend to be aloof and are difficult to manage. Often their speech is indistinct.

In 1962 we started, as a trial, the screening of the hearing of children who had just started school (age group 5 to 6 years), older children in the infants' school suspected by their teachers as being hard of hearing, and also children with defective speech. The procedure of the hearing tests was as follows. A pure tone audiometer was used. Children were tested individually on 250, 500, 1,000, 2,000, 4,000 and 8,000 frequencies (cycles per second) at an intensity of 25 decibels (loudness of a whisper). It was assumed that if a child could hear this intensity of sound he would have no difficulty in hearing normal conversational voice. Conditions for screening of the hearing at an average school usually were difficult, as it was impossible to find a sound-proof room isolated from noises and the bustle of normal activities in school. However, in all schools we had excellent co-operation and support from head teachers and their staff, and this made a hearing test possible even in schools where accommodation was quite unsuitable. Children were brought for the test in groups of 5 or 6. This helped to overcome apprehension, made children feel at ease and also made conditioning easier, as they watched each other performing the test.

In general they were easily conditioned and responded to the test very well, and it took on average 2 to 4 minutes to screen one child. The number of children who failed the test was fairly high and the figure varied from school to school. The main factors of the high number of failures appeared to be (i) during winter months many children suffered from upper respiratory infection and had temporary slight impairment of hearing; (ii) children who had just started school often were shy and responded better when tested alone and co-operated much better when mother was present, and (iii) children of lower intelligence required long conditioning before hearing could be assessed.

All children who failed the screening test had full assessment of hearing (an audiogram) at the nearest clinic.

At this test a considerable number of children showed no significant hearing loss and were discharged. Children with slight hearing loss but without any obvious E.N.T. pathology were kept under observation and children with

moderate or slight hearing loss but with a history of otorrhoea, recurrent earache, temporary deafness, etc., were referred to the E.N.T. clinic. As the figures show, the number of children referred to the E.N.T. clinic was comparatively small and there was no undue delay for an appointment with an E.N.T. consultant.

This system of screening school children worked very well and it is hoped that in the coming year it will be extended to all children in the age group 5 to 6 years.

Hearing Screening of School Entrants—1962

<i>School</i>	<i>No. screened</i>	<i>Passed</i>	<i>Failed</i>	<i>Ref. ENT</i>	<i>Already being treated</i>	<i>Re-exam</i>	<i>Did not attend clinic</i>
A	82	67 (2 on retest)	15	9	3	2	1
B	96	78 (8 on retest)	18	7	—	6	5
C	71	60 (1 on retest)	11*	4	2	2	2
D	50	48 (1 on retest)	2	—	—	2	—
E	60	58 (11 on retest)	2	—	—	2	—
F	54	46 (6 on retest)	8	3	—	3	2
G	49	35	14	4	2	5	3
H	79	67 (1 on retest)	12	6	2	4	—
Totals	541	459	82*	33	9	26	13

* includes one who refused to co-operate on retest, but appears to hear quite well.

Medical Inspection Arrangements at the Bristol College of Science and Technology

A L. Smallwood

This is the third year that medical inspection facilities have been offered to the students at the College of Science and Technology. Originally requested by the Principal, medical inspection is recommended by the college to each first year student on joining and in this year 72 per cent of the intake accepted the offer. The college pays a sessional fee for doctor and nurse. The service is housed in two rooms made available, specially furnished, in the students' union and the appointment arrangements are made by the student grants and welfare secretary. At first six students only were seen but this was increased to seven in the last few sessions and probably with experience eight could be seen adequately in a three hour session. An experienced sessional nurse was employed to assist the students with a health-habits and disease-experience questionnaire, to weigh, measure, test vision for acuity and colour, and urine for sugar and albumen. The facilities are better than in most maintained schools, even those recently built, though noise background is troublesome at times, as in all educational establishments. The students were co-operative and appreciative of the service. Many, of course, were from local authority areas other than Bristol, and it was not considered practicable to ask for previous medical records to be made available. The college has, as yet, no student health service and all students are supposed to register with a National Health Service medical practitioner convenient to their lodgings. Some little difficulty was experienced in referring students for further advice to their National Health Service practitioners because of lack of clerical help. During this year advice was given verbally to each student, but the lack of written communication with the general practitioner and consultant was felt, together with the lack of facility for follow

ing up defects found. Two students, for example, had an arterial hypertension which was known to them and which caused them anxiety. In both it was thought advisable for consultant advice to be given. Another student of foreign birth and upbringing had been advised in childhood to restrict his activities because of a cardiac condition. He was advised to see a cardiac consultant, which he has done, and has been told he can resume all activity.

There were 43 out of the total of 120 with myopia and this percentage of 36 confirms an impression that this defect seems to be higher in students of good ability. Two of these students had markedly defective vision and had not previously sought advice although they knew of their defect. Nine out of 109 male students (8·2 per cent) had a colour vision defect to Ishihara plates, and one of the nine was monochromatous. One student had a marked torticollis from a condition remediable in early life; he seemed to have other difficulties which caused him eventually to withdraw from the college. One student had marked psychosomatic difficulties which caused concern to the college tutors.

As the college grows it will be necessary to consider what form the student health service should take. A new site for teaching and halls of residence is at present being sought. In the future it will be necessary to have a student health service after the pattern of existing university student health services, and until this can be achieved, the present medical inspection arrangements are laying the foundation of confidence and custom as well as giving helpful personal advice on medical and social problems.

MILK AND MEALS IN SCHOOLS

T. B. J. Hetherington

The number of children taking school dinners again increased and almost half of the children in attendance are now taking them. The actual number supplied to children, taken from a return made in October, 1962, was 30,314 daily—49·78 per cent (28,142 on payment and 2,171 free). In addition, approximately 4,000 dinners are supplied daily to teaching staff, meals staff and others. Approximately 6,500,000 school dinners are now provided annually, also nursery snacks, staff beverages, and catering for courses and other activities. New school kitchens were opened at Baptist Mills Secondary, Redcliff Nursery and St. Bede's R.C. Secondary Schools, making a total of 109 school kitchens now in use.

It became necessary during the year to close the St. Bernadette R.C. Secondary School Kitchen for enlargement, which was completed just before Christmas. The percentage of children taking dinners would have been even higher had this school kitchen been in operation in October.

The percentage of children taking milk under the milk in schools scheme fell from 84·06 in 1961 to 81·76 in 1962.

A total of 1,276 kitchen and canteen staff is now employed, 458 full-time and 818 part-time. There has been an increase in the number of dining assistants appointed over the past year. It is not easy to find the right type of person to fit this particular post, but where a successful appointment is made, this can be of great assistance to teaching staff in the primary schools, as the duties include the supervision of hand washing and behaviour in the dining hall, as well as after dinner supervision. The constant development of the Service and increased standards call for a good level of intelligence, great adaptability and willingness from all School Meals staff, and much care continues to be taken over the selection of suitable candidates. The appointment of suitable staff has become increasingly difficult, especially at supervisory level, and almost without exception these posts have been filled from within the service, from staff who have already had a basic grounding in this somewhat

specialised form of catering. In order to achieve the Ministry of Education's standard of nutrition at the cost allowed, even greater planning and supervision is required, and the Area Organisers are in constant touch to ensure that the many facets are "balanced". Over the past year we have experienced rather more queries than usual regarding the delivery of meat to kitchens. Constant check is kept, with the aid of other Departments, on the hygienic state of deliveries and the standard of meat supplied. All staff concerned are very conscious of their responsibilities in this respect, and indeed in all matters of hygiene and health, and personal standards are constantly rising.

From time to time we are asked to deal with special diets which in the main are difficult to include, unless minor adjustments can be made to the existing meal. However, where necessary, and where possible, adaptations are made, but the general principle is to aim at "normality". The nursery children are now provided with sections of apple at the end of their meal, but owing to cost it has not yet been possible to extend this to other age groups.

The increase in demand over the past years, together with the increased supply of new furniture, has brought about a new problem. In many cases staff are involved in the carrying of large numbers of tables and chairs, the setting up and removal of which needs to be dealt with in a very limited period. As this furniture is stackable, a good deal of lifting is involved, and in order to keep the increasing strain to a minimum, investigations are being made regarding the provision of suitable table trolleys.

Although the regular training courses are still very restricted, pending the provision of the new School Meals Training Centre, additional supervisors and canteen staff have attended a limited number of courses and we have increased our range of colour transparencies to assist in this training. This form of visual aid is proving to be of great value, not only in the training of staff, but is used to support talks given to various groups, including students taking institutional management training, and parent/teacher associations.

MILK, FOOD AND HYGIENE INSPECTIONS

F. J. Redstone

In accordance with usual routine the Public Health Inspectors secured 595 samples of various food stuffs from 16 school kitchens. Only 7 of these samples were adversely reported upon by the Scientific Adviser, and the reason was infestation or mould; in these cases the food was surrendered for destruction.

A total of 144 samples of pasteurised milk was collected from schools and all these were found to be satisfactory. A few complaints were received regarding the delivery of milk to schools in dirty milk bottles and in one case it was necessary to prosecute a dairy company for the delivery of milk to a school in a bottle containing pieces of broken glass. The firm was fined £50.

There were no outbreaks of food poisoning which required investigation by the Public Health Inspectors but cases of dysentery continued to take up a great deal of time in connection with the number of visits and revisits necessary to deal with this type of infection. Some 56 positive cases were confirmed from 68 suspects associated with an infants' and a junior school. Some children in families concerned were attending a neighbouring day nursery. An outbreak of enteritis at another infants' school led to the investigation of 26 suspected cases and at a third infants' school there were 5 suspected cases but none of these proved positive for dysentery.

The normal co-operation has continued with the Education Department whereby any matter needing attention under the Food Hygiene Regulations coming to the notice of the Public Health Inspectors was discussed with the Chief Education Officer's staff.

ORTHOPAEDIC AND POSTURAL DEFECTS

A. L. S.

The number of children referred to the orthopaedic surgeons has continued to decline, and in 1962 a total of 351 school-children and 75 pre-school children was seen. The previous year's figures were 418 and 89 respectively. Mr. Pridie held sessions at the Central Health Clinic once a week throughout the year and Mr. D. M. Jones twice a month.

Mr. Lucas visited the South Bristol School each term as usual to see the physically handicapped children there.

The following defects were found in children seen at the orthopaedic clinic:—

	<i>Age 5 years and over</i>	<i>Age under 5 years</i>
Paralysis (a) Flaccid	28	—
(b) Spastic	11	3
Tuberculosis of bones and joints ...	—	—
Congenital abnormalities of bones and joints	24	11
Amputations	—	—
Genu valgum	16	14
Various (Flat foot, spinal curvature, etc.)	272	47
	<hr/> 351	<hr/> 75

PHYSICAL EDUCATION

R. R. Jenkins

Preparing young people to enjoy worthwhile leisure time activities is an important part of any enlightened educational programme and physical education in schools can introduce pupils to an increasingly wide variety of interests. The traditional team games will continue to attract devotees but there are many others who will discover an interest in social games, like tennis and badminton, with the non-gregarious being attracted to mobile camping, canoeing, sailing, swimming or trampolining. The outdoor pursuits aspect of physical education is receiving more attention in the general programme and opportunities are becoming available for canoeing instruction, rock climbing instruction, and mobile camping instruction, within the school time-table.

The Education Authority reserve annually six places on Outward Bound Courses for girls (three between fourteen and a half and sixteen and a half and three over sixteen) and six places for boys between the ages of fourteen and a half and sixteen. The closure of Holne Park Centre, in Devon, for girls and the opening this summer of a new Centre near Aberdovey, offer different opportunities for the Outward Bound candidate in the future. The demand for such courses is heavy and many boys therefore have been disappointed in not being selected. It was decided to try an experiment in organising locally a course for these boys offering them an introduction to sailing, canoeing, rock climbing and subaqua, at a convenient centre. Twenty-four boys and ten staff were based for a week at Poole in Dorset and during this period were introduced to two of the above four activities. It was encouraging to note the progress made and the interest aroused and it is hoped that some at least of this party will have found a new activity which they will be able to carry on after they have left school. They can of course gain further knowledge in the activity by attending National Courses organised by the Central Council for Physical Recreation in all parts of the country. The success of the experiment has prompted members of the Schools' Outdoor Activities Committee to organise such a course annually and it is hoped in the future to have a Local Authority's Centre from which such activities could be arranged.

Teachers' courses in a variety of subjects were carried on during 1962. These included courses in primary school physical education, athletics, light-weight camping, rugby football, judo, canoeing, English and Scottish country dancing, and movement for drama in primary schools. These were always well attended since a large number of staff enter the Authority's service annually. It is possible that with the change in the training college curriculum there may be an even greater need for refresher courses in physical education for primary school teachers in the future.

The Bristol Schools' Lawn Tennis Association organised a very successful tournament for affiliated schools last July, in which ten schools took part. A tennis coaching course for Bristol men and women teachers is at present taking place at the end of which teachers may take the coaching certificate of the L.T.A. Twelve coaching sessions for children were held in three centres, staffed by teacher members of the Association. Coaching sessions for children were also held in the Easter and Summer holidays.

The Gloucestershire Women's Hockey Association held a schools' tournament in October in which twenty-one Bristol schools took part. A most happy netball coaching and umpiring residential course for teachers was held at Redland College in September. Unfortunately the attendance was disappointing. A very successful schoolgirl umpiring course was attended by sixty-four girls, of whom fifty-two will be taking their umpire's test at Easter time.

All school playing fields are open during the Summer holidays for school children to use as recreation centres. In five areas where it was anticipated the numbers attending would be fairly considerable, play leaders were appointed to organise the activities. It has been obvious for some years that fewer and fewer children use playing fields during August and one of the reasons may be the fact that more families are now able to afford an annual holiday away from Bristol. There are therefore not so many children remaining at home for the whole of the August holidays and at any particular time only small groups of children will need to be catered for. It was decided as an experiment to allow the swimming bath at Withywood School to be used during the August holidays and this proved to be most popular with the children of the neighbourhood. Approximately two thousand attendances were recorded, many were taught to swim by the instructors employed, and it might well be a scheme which can be continued in future years.

The Duke of Edinburgh's Award Scheme in schools continues to run reasonably satisfactorily and it is encouraging to note that more youth organisations are now prepared to offer facilities for boys after they leave school to continue to train for the silver and gold series of the Award Scheme. Schools are finding it increasingly difficult to cater for boys who have left in addition to those who still attend school. There are now fifteen schools in Bristol whose girls are eligible to work for the Duke of Edinburgh's Award.

The Bristol and District Physical Education Association have held evening meetings where opportunities were presented of seeing the most recent physical education films and of discussion on modern trends in physical education. The Keep-Fit Association in Bristol have organised both weekend and one-day courses for teachers, leaders and pianists, and have held a most successful rally.

Doctors taking the Diploma of Public Health Course visited a school to see and discuss modern physical education. The schools have also had many overseas visitors to see various aspects of physical education.

The facilities for recreative physical training in post-school organisations, such as youth clubs, etc., are on the whole inferior to those offered in schools

and there seems to be, in some cases, a lack of desire on the boys' part to continue with interests developed in schools when facilities are inferior. The opening of new youth centres at Southmead, Lawrence Weston and Withywood, with good facilities, should attract young people and encourage them to continue with recreative activities of a worthwhile character. It is extremely important to capture and maintain this interest even if only to combat the growth of apathy and delinquency which appears to be on the increase in the City. There is a definite need for a more dynamic approach to this problem and improved facilities may provide the incentive for this to be accomplished.

The activities of the voluntary organisations dealing with school sports continue to develop and it is interesting to note that trampolining, a comparatively young sport in this country, seems to have caught the interest of many of our school pupils. Bedminster Down Secondary School have been particularly successful recently in winning national competitions for teams from the school and individual competitions by school pupils. Like swimming, this is a sport in which age is no obstacle and its development over the next few years could be quite spectacular.

Miss C. E. Cooke, Senior Woman Organiser of Physical Education for twenty-three years, retired at the end of April after a most distinguished career in Physical Education. One of the pioneers in advocating climbing apparatus for primary schools, Miss Cooke received the M.B.E. for her services to education. Her work was known in many countries through her various films which included not only work with nursery, infant and primary children, but covered activities in special schools in the City. Miss Cooke maintained her lively enthusiasm up to the day she left and her many friends hope she will enjoy a long, happy and active retirement. She was succeeded by Miss J. R. Dawson, who joined us from the West Riding of Yorkshire.

PSYCHOLOGICAL SERVICE

R. V. Saunders

Educational Implications of the Work of J. M. Tanner and J. Piaget

References: J. M. Tanner—"Education and Physical Growth"

(Univ. Lond. Press 1961)

J. Piaget and B. Inhelder—"The Growth of Logical Thinking from Childhood to Adolescence". (Kegan Paul 1958)

"Children differ widely in their rate of physical maturation. This is true of their growth in height and weight, of the development of the nervous structures . . . , of the time at which their endocrine glands bring about the changes of adolescence, and in all probability of the development of the brain" . . .

"There is reason to suppose that advancement in physical development . . . is associated, not closely but still significantly with advancement in mental ability. It is certainly associated with emotional and behavioural differences" . . .

"There are no social steps by which we can significantly reduce the range of individual differences in speed of physical maturation. It therefore behoves us to fit our educational system, in theory and practice to these biological facts" . . .

"Clearly the way in which we teach children and the times at which we teach them various things must be governed by the manner of growth of their nervous systems" . . .

The above quotations, from Chapter 8 of J. M. Tanner's book "Education and Physical Growth", reflect the views of one approaching education from the angle of the psycho-biological development of children.

If one turns to Piaget one appears to find confirmation of this point of

view more strictly from the angle of intellectual development. Piaget's work suggests that what we often regard as reasoning ability is in itself an end product of a series of operations which have their earliest and simplest origins in the sensory and motor activities of early infancy, developing more quickly as the child acquires language and widens his environment. This acquired background organisation is essential if thinking, as we understand it, is to be possible, and it affects the quality of all later thinking.

The implication for education is that just as Tanner argues that there is a wide range in physical maturation, so Piaget's work suggests that there is a wide range of intellectual maturation, and that it is the level of the child's thought processes which we ought to consider in educating him, that it is inappropriate to say the least, if we try to teach him at a level for which he is not ready. He has developed this argument in great detail in relation to the child's notions of space and through this to the teaching of number. One hopes that the arguments relating to language development can be equally clearly developed.

What emerges from the work of both Tanner and Piaget is that we ought to have a much more careful regard in our educational arrangement for the "readiness" of our children for the different stages of learning. Piaget suggests how we can evaluate this in intellectual terms. Tanner says "Many authorities make an allowance in examination results for the chronological age of the child. Should an allowance be made . . . for developmental age?" He goes on to quote studies which have shown that children who are physically advanced for their age "do in fact score higher in mental ability tests than those who are less mature, but of the same chronological age".

It is worth thinking about that there might be much less waste of intellectual effort in teaching, and possibly a better emotional climate and behavioural reactions in our educational system if we looked at our children less in the light of the day when they happened to be born and more in the light of some maturational criterion.

SPEECH THERAPY

B. Saunders

This has been a year of expansion in the speech therapy service, with an increase in the number of therapists employed and the appointment of a Senior Speech Therapist. Mrs B. Saunders was appointed to the latter post on 1st September, and on 1st October, Miss M. Thomas joined the department. Mrs. D. J. Kydd was appointed to Claremont School for Spastics during October. As a result of these appointments Mrs. J. Thomson and Miss D. Wilson, who had been doing valuable part-time work, both left at the end of September. It is satisfying to report that the present establishment is up to full strength, and it is now possible to provide speech therapy for most areas of the City, although unfortunately some districts are still not having all the help needed.

In September the senior speech therapist undertook a survey of speech defects in children attending six primary schools in different parts of the City. Of 2,887 children examined, 6.58 per cent were found to have defective speech of a type which would benefit from speech therapy. This means that, in primary schools alone, there must be about 2,450 children with a speech disability.

The work in Withywood and Hartcliffe has begun to develop during the latter part of the year. Almost all the primary schools in these districts have been visited, establishing a good liaison with the teaching staff whose co-operation is much appreciated. There is a large back-log of work in this area, and it will be some time before it can be cleared. Consequently, treatment is being offered mainly to children of junior school age.

Work has continued steadily at Brooklea and Granby House Clinics, where it has been noted that there has been less work with stammerers, but an increase in the number of children with little or no speech. The decline in the number of stammerers presented for treatment appears to be a general trend throughout the City, and may perhaps be due to a more enlightened attitude on the part of parents and others, so that children who have a tendency to stammer do not deteriorate sufficiently to need therapy.

Considerable interest has been shown in the non-speaking child during the past year, and it was decided to set up a small diagnostic unit for such children. This was started during November, on a once weekly basis, in the playroom at the Child Guidance Clinic, and is proving an interesting and informative study, involving the co-operation and integration of the work of the psychiatrist, school medical officer, psychologist, psychiatric social worker and speech therapist.

The concentrated work in the Southmead area which had been so successfully built up during the previous year, was maintained on a part-time basis until four weekly sessions were resumed in October. A much closer liaison between the Southmead schools and the Speech Clinic has been one of the satisfying results of the extension of the work in the area. The work in Shirehampton and Henbury districts has been continued and consolidated with weekly sessions at Portway, Lawrence Weston and John Milton Clinics.

The main clinic in Argyle Road is now almost continuously used by two therapists, one of whom is responsible for the Bristol 5 area. One session weekly is now being held at Speedwell Clinic and this has met a long-felt need. It is possible that if the staff situation permitted, the work at Speedwell could be expanded in the future.

Work in the Special Schools has continued with a weekly session at Russell Town, the House in the Garden and Henbury Manor Schools. The helpful interest and co-operation of the head teachers and staff is much appreciated.

There was a short break in the provision of speech therapy at Claremont School following Mrs. Saunders' resignation in July, but Mrs. Kydd has now taken over full-time work at the school. The complexity of the problem of treating cerebral palsied children is illustrated in the following case report:—"S.E. Severely handicapped—has no speech. She is suspected of some degree of deafness, but with this amount of handicap it is uncertain how far she is capable of initiating voluntary movement, to respond accurately to a hearing test. She shows variable interest in speech, which may suggest that dysphasia will later become evident, or may be a further indication of severe hearing loss. She has considerable difficulty in chewing and swallowing but already this has shown signs of improvement. Almost simultaneously came more effort to produce sound, but it will require considerable time and work to develop this into meaningful speech".

Four hundred and sixty individual children, including 55 pre-school children, were seen and they made a total number of 7,048 attendances (6,603 by school children and 445 by pre-school children).

SUNLIGHT CLINIC

During the year 50 children of school age attended the artificial sunlight clinic. The number of acne cases referred to this clinic rose from 7 in 1961 to 26 in 1962. The other cases treated were mostly upper respiratory and chest conditions.

TUBERCULOSIS

Children's Contact Clinic

Mary D. Gibson

We have continued to advise chemotherapy, with combined isoniazid and P.A.S., for all children with active primary tuberculosis (as reported in previous Annual Reports from 1956 onwards). In addition as the result of observation of the course of events in an "outbreak" of tuberculosis in a secondary school near Bristol, we are now advising chemotherapy for all children where the tuberculin test is known to have recently converted or where the reaction to tuberculin test showed an area of redness and induration of 15 mm. or more in diameter, whether or not a chest x-ray showed any evidence of the primary lesion.

During 1962, 445 attendances were made at the Thursday morning clinic; 79 were first attendances of new cases; 26 new cases fulfilled the criteria mentioned and commenced chemotherapy which was successfully taken at home with the child leading a normal life. No child had to be admitted to hospital and none showed any reaction to treatment.

A further 23 children completed courses of chemotherapy started prior to 1962.

Seventy-four children were discharged as being no longer in need of further observation.

B.C.G. Vaccination of school children

During the year B.C.G. vaccination was offered to all school children aged 13, and to any older children who had not previously taken advantage of the scheme. The figures for the year are as follows:—

	<i>All School children</i>	<i>Thirteen-year -olds</i>
No. skin tested	6,164	2,862
No. found positive	768	344
No. found negative and vaccinated	4,966	2,303

12.45 per cent of the total number reacted positively to the skin test, and 12.01 per cent of the thirteen-year-olds.

X-Ray of Teaching and other Staffs

The arrangements for the periodic chest x-ray of teachers were continued throughout the year. Out of 1,258 teachers, who were given appointments, 767 were x-rayed (60·97 per cent), and 25 were given further appointments to have large films taken. In six of these the findings were significant. They varied between the detection of old and apparently healed tuberculous infiltration, and the occurrence of hilar gland enlargement in two cases, which demanded further investigation. In two instances symptomless lobular collapse was detected. In every case personal interview was made with the teachers and they were referred to their general practitioners to make arrangements for consultant advice, which was accepted. Only one teacher in the course of the year fell ill with a tuberculous condition and this was a non-infectious pleurisy for which hospital treatment was given satisfactorily.

Periodic routine examinations of school meals staff, including x-ray, were also carried out, and during the year 693 members of the school meals staff were examined under these arrangements.

YOUTH EMPLOYMENT SERVICE

The Employment of Handicapped Young People

B. M. Dyer

The placing of mentally and physically handicapped young people in suitable employment is becoming increasingly difficult. The main reasons for this are competition from normal children and the automation of routine processes such as packing and sorting. The machine is taking over the simpler jobs and demands speed and dexterity from the operative.

Nineteen young people left the special schools for the physically handicapped both in and outside Bristol during the year. This number was supplemented by fifteen physically handicapped children leaving the other schools. Twenty-three of these were placed in jobs of varying kinds, e.g. clerical and warehouse work, optical lens repairing, engineering apprenticeships, domestic and even factory work, where the disablement did not expose the young person to danger from machinery. The rest were referred to such organisations as the Industrial Rehabilitation Unit, training colleges for the disabled and the National Spastics Society. Nineteen girls left schools for the educationally subnormal during the year. All were placed in employment such as cake-finishing, domestic work, laundry assistants, stockroom and simple factory work. Of the 22 boys who left special schools, 19 were placed in warehouses, stores, factories and workshops. In co-operation with sympathetic and helpful employers, we have arranged for several of these youngsters to enter employment purely on a trial basis. This has been a successful venture and has resulted in permanent employment in a number of cases. Unfortunately, on leaving school, there is a great deal of instability, particularly among the girls. Outbursts of frustrated temper, or an inability to cope, seem to be the main reasons for the termination of employment. Other factors such as their relationships with fellow workers should also be taken into account. Some of these young people are referred to the Industrial Rehabilitation Unit or to the Industrial Therapy Organisation and we have had considerable success in second placings. Nevertheless, there is no doubt that increasing competition for jobs and the diminishing number of simple routine occupations are making it very difficult to find suitable employment for many of these handicapped young people.

APPENDIX

Urine Screening Tests—an ad hoc survey

A. W. Macara

A small experiment in screening tests on urine was carried out at a comprehensive school early in 1962, and it is briefly described.

The children selected were those in the "lowest" two sets of the first-year intake: boys and girls aged 11 to 12. Their urine was tested by means of the various chemical sticks, for the presence of albumen, reducing substances, acetone, phenylketones, and blood.

The subjects comprised two groups, or classes, numbering 29 and 26 respectively—a total of 55 children. The samples were collected personally by the children, who were given access one by one to the water closet adjoining the medical room used for the tests. Although these were the dullest children in the school, none experienced any difficulty in obtaining a satisfactory specimen, and there was no evident embarrassment. The tests were performed by the school nurse and the results checked by the school medical officer.

Results

Out of 55 children examined, 10 showed evidence of albuminuria by the albstix method, positive reactions ranging from a strong trace to 300 mgms. per cent. There were no other positive reactions.

The ten positive cases were re-tested six weeks later, when seven of them proved completely negative. The three who persisted positive have been followed up as follows:—

- A. No abnormality was found upon extensive examination at the Children's Hospital, but leakage of albumen was confirmed, amounting to not more than 300 mgms. per cent. It is intended to re-examine in one year "for a matter of interest".
- B. After full urine and general examination at the Children's Hospital, it was found that there was only a trace of proteinuria, and no other abnormality. No further action will be taken.
- C. Albuminuria to 200 mgms. per cent was found on first testing, and trace only on re-testing. Discussion with the general practitioner indicated that there was no significant history. On re-testing again five months later, the result was negative.

Time

The initial time for each group occupied a full afternoon for the school nurse, the practical limiting factor being the time taken to obtain the specimen. The school medical officer was able in intervals between reading and recording tests to see other children, and the testing probably occupied half of his session on each occasion. The re-tests, 10 in number, took 40 minutes to carry out.

Comments

The high percentage of initial positives may have been related to the timing of the tests at the beginning of February, at a time when mild upper respiratory infections were rife. Re-testings were carried out at a time when intercurrent infection was much less prevalent.

The school nurse could very well carry out the entire operation unaided, but if one person is to supervise the children, obtain the specimens, perform the tests and record the results, the maximum number of children who could be examined in a session lasting just under two hours, i.e., an afternoon in a school, is about 30. To deal with significantly large numbers of children simultaneously would thus require a much larger team, but the limiting factor would be the number of conveniently situated W.C.'s available, or alternatively the amount of space which could be used for the collection of specimens, using screens, etc.

Since the dullest children find no difficulty in producing an adequate specimen, collection should never cause severe difficulty.

A high prevalence of intercurrent infection at the time of testing might result in a high percentage of insignificantly positive albumen results, and clearly all positives should be re-tested at a suitable interval before further examination is contemplated. In the case of proteinuria, considering that a trace of it is commonplace in children, positive results under, say, 200 mgms. per cent might be disregarded.

Health Education in a Teachers' Training College

A. W. Macara

During the year, a school medical officer was invited to lecture on health education at a teachers' training college.

The invitation was warmly received, and the work was commenced in November. There are about 450 students of both sexes taking the three-year course, a small group of experienced teachers studying the special needs of handicapped children in a one-year course, and a group of post-graduate students. Health education is included in the syllabus for the three-year students under the subject of education, and it can be given empirically to the other groups.

At this early stage it is possible to give only a preliminary report. At present, the doctor is attending the college upon two or three mornings each week. The first priority is to ascertain the main needs and interests of the students, so that the most effective means of helping them to understand the changing needs of the school child can be established, and a syllabus planned as an integral part of the education course. Accordingly, the initial approach has been broad and general, with highlighting of specific topics which appear to be of particular interest to different groups of students.

The first term's work falls into three parts. There are eight groups of second-year students, each numbering between twelve and twenty, and together comprising the entire year, which have been taken during education periods. Four of these groups have so far been taken three times, and the other four on two occasions. The group of nine teachers studying handicapped children has occupied four and a half mornings. Finally, a lecture on health education has been given to the entire third year.

The second-year students have shown interest in a wide variety of topics, the most popular being the changing pattern of child health, genetic and environmental influences, mental health, sex education, addictions such as smoking and alcohol, and the functions of the school health service in helping children, parents and teachers. The topics studied with the "handicapped students" have included, by their request, cerebral palsy, epilepsy, congenital and acquired heart disease, handedness, dyslexia, muscular dystrophy, and educationally subnormal children. The lecture to the third year ranged widely over the

field of positive health and the prevention of disease, with particular reference to the developmental variability of children and their changing needs.

The doctor has become rapidly integrated into the staff, and finds that the friendly informality of the senior common room and the lunch table is an experience of the highest value. Here it is that a steady and mounting interchange of information and insight takes place, which is surely of no less importance than formal classroom teaching. As the new tutor becomes known by the students, many of them are beginning to approach him for advice and guidance upon sources of information and methods of approach to various studies.

The former Vice-Principal of the College, who retired at the end of the year, had taken responsibility for health education for several years. Her introduction to the work was most valuable to the newcomer, who has inherited a fine legacy of interest in the subject, and a well-stocked library. The School Medical Officer is also indebted to Dr. Elizabeth Bowles, who lectures in health education at another teachers' training college in the city, for her interest and advice.

The response of staff and students alike has been most stimulating and encouraging, and shows a ready recognition of the need for health education in its widest sense of helping children, and the community at large, to make the most of their physical, mental and social powers and responsibilities.

BRISTOL EDUCATION COMMITTEE

Chairman: Councillor P. C. BERRILL

Vice-Chairman: Alderman F. G. W. CHAMBERLAIN

Special Services Committee

Chairman: Alderman F. G. W. CHAMBERLAIN

Chief Education Officer

G. H. SYLVESTER, M.A.

**Principal School Medical Officer and Medical Officer
of Health**

R. C. WOFINDEN, M.D., B.S., D.P.H., D.P.A.

**Deputy Principal School Medical Officer and
Deputy Medical Officer of Health**

J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

Senior Medical Officer, School Health Service

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

City and County of Bristol

Population (estimated mid-1962)	...	...	...	...	...	434,260
Schools:—						
Number of School Departments	...	...	...	...	...	221
Average Attendance	...	...	...	...	...	59,136
Average Number on Registers	...	...	...	...	...	65,242

STAFF**Principal School Medical Officer and Medical Officer of Health**

R. C. WOFINDEN, M.D., B.S., D.P.H., D.P.A.

**Deputy Principal School Medical Officer and
Deputy Medical Officer of Health**

J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

Senior Medical Officer, School Health Service

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

School Medical Officers

(Joint Appointments with the Local Health Authority)

Mrs. Monica A. Pauli, M.B., Ch.B., B.A.O. (to 30.9.62)

R. J. Irving Bell, M.R.C.S., L.R.C.P., D.P.H.

A. M. Fraser, L.R.C.P., L.R.C.S., D.P.H.

B. J. Boulton, M.B., Ch.B.

Clara Jahoda, M.D. (Vienna) (to 31.7.62)

Helen M. Gibb, M.B., Ch.B., D.P.H.

J. E. Kaye, Med. Dip. (Warsaw), D.P.H.

J. L. S. James, M.R.C.S., L.R.C.P. (Anaesthetist)

Mrs. Kathleen E. Faulkner, M.B., Ch.B., D.C.H., D.P.H. (to 15.8.62)

Mrs. Marjorie Mair, B.Sc., M.B., Ch.B., D.P.H.

P. Tomlinson, M.D., D.P.H.

M. R. Alderson, M.B., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G., D.P.H. (to 1.11.62)

Irene L. Chesham, M.B., Ch.B., D.P.H. (to 31.12.62)

W. M. Sutcliffe, M.B., Ch.B., D.P.H., D.I.H. (to 31.5.62)

D. B. Hill, M.A., M.B., B.Ch., D.P.H.

A. W. Macara, M.B., Ch.B., D.P.H.

Ann B. Gray, M.B., B.S., M.R.C.S., L.R.C.P.

W. B. Whisker, M.B., Ch.B., D.P.H. (from 2.7.62)

Mrs. Patricia M. Rich, M.B., Ch.B., D.R.C.O.G. (from 3.9.62)

N. A. Dent, M.B., Ch.B., D.Obst., R.C.O.G. (from 17.9.62)

Isabel M. S. Price, M.B., Ch.B. (from 1.10.62)

J. M. Joshua, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (from 1.11.62)

Part-time School Medical Officers

H. F. M. Finzel, M.D.

C. Jean Fraser, M.B., Ch.B., D.P.H.

Consultants—Part-time

Ear, Nose and Throat ... H. D. Fairman, F.R.C.S.E., D.L.O.

J. Freeman, F.R.C.S., D.L.O.

R. K. Roddie, F.R.C.S.*

Orthopaedic ... K. H. Pridie, M.B., B.S., F.R.C.S.*

D. M. Jones, M.B., B.S., M.Ch. (Orth.), F.R.C.S.*

H. Keith Lucas, M.Ch. (Orth.), F.R.C.S.E.

Ophthalmic ... R. R. Garden, M.A., M.B., D.O.M.S., D.P.H.

P. Jardine, F.R.C.S., D.O.M.S.*

H. Bannerman, M.B., D.O.M.S.*

A. J. Pullar, M.B., Ch.B., B.A.O.*

Cardio-rheumatic ... C. Bruce Perry, M.D., F.R.C.P.

(by arrangement with United Bristol Hospitals)

Dermatology ... C. D. Evans, M.A., M.D.*

Chiropodist ... L. I. W. Tasker, M.Ch.S.

Orthopist ... Miss M. J. Smith, S.R.N., D.B.O.*

* By arrangement with the Regional Hospital Board.

Dental Surgeons

(Joint Appointments with the Local Health Authority)

Principal School Dental Officer	...	J. McCaig, L.D.S.
School Dental Officers	...	A. H. V. Williams, L.D.S. H. W. Williams, L.D.S. Alice M. Trump, L.D.S. Helena Blinkworth, L.D.S., (to 31.10.62) J. F. Sellin, L.D.S. R. D. Hepburn, L.D.S. H. Hazell, L.D.S. (part-time)* W. J. Constantine, L.D.S. P. Miller, B.D.S. (to 31.3.62) Joan M. Dobson, B.D.S. (from 15.1.62) G. C. B. Winter, B.D.S., M.B., Ch.B. (from 20.8.62)
Dental Hygienist	...	Jean E. Bailey

Child and Family Guidance Service

Senior Consultant Psychiatrist	...	R. F. Barbour, M.A., F.R.C.P., D.P.M.
Consultant Psychiatrists	...	W. L. Walker, M.B., Ch.B., D.P.H., D.P.M.* H. S. Coulsting, M.B., Ch.B., D.P.M.*
Psychiatric Registrar	...	Helen S. Mathewson, M.B., Ch.B., D.P.M.* (to 15.6.62) M. J. Gay, M.B., Ch.B.* (from 18.6.62)
Senior Educational Psychologist	...	R. V. Saunders, M.A., B.Ed.
Educational Psychologists	...	E. Jean Horn, M.A., Dip.Ed. Kathleen Craib, M.A., B.Ed. (to 31.7.62) J. Dunham, M.Ed., B.Sc. (to 31.8.62) K. W. Wedell, M.A., Ph.D. G. W. Herbert, B.A. (from 1.7.62) Rona L. Williams, B.A., Dip.Ed. (from 3.9.62)
Psychiatric Social Workers	...	G. E. Bookbinder, B.A. (from 1.10.62) Miss B. Stubbs, B.A. (Senior P.S.W.) Mrs. L. Gatliff (to 31.3.62) Miss J. Laver (to 16.3.62) Miss P. Birkett, B.A. Miss A. Tanner Mrs. P. M. Brown Miss M. B. E. Shearman Miss I. L. Dixon, B.A. (from 10.9.62)
Clerical Staff	...	Mrs. B. E. Gunning Miss V. S. Anderson Miss E. Burns Mrs. M. J. Paul Mrs. J. M. Stratford Mrs. D. J. Turner

Speech Therapy

Senior Speech Therapist	...	Mrs. Beryl Saunders, L.C.S.T. (from 1.9.62)
Speech Therapists	...	Kathleen Coleman, L.C.S.T. Helen M. Streat, L.C.S.T. Mrs. Beryl Saunders, L.C.S.T. (Claremont School, to 31.8.62) Mrs. R. Smith, L.C.S.T. (to 28.2.62) Madeleine Thomas, L.C.S.T. (from 1.10.62) Mrs. D. J. Kydd, L.C.S.T. (Claremont School, from 17.9.62)

Nursing Service

Chief Nursing Officer	...	Miss L. M. Bendall, S.R.N., S.C.M., H.V.Cert.
Deputy Chief Nursing Officer	...	Miss A. I. Rowbottom, S.R.N., S.C.M., Q.I.D.N., H.V.Cert

* By arrangement with the Regional Hospital Board.

Administrative and Clerical Staff

Senior Assistant	...	...	...	Miss M. C. Finch, M.A.
Senior Clerk	...	...	...	K. E. K. Eddolls, S.R.N., Q.N.
Clerical Assistants	...	...	...	E. J. Pike Miss D. Wilcocks (to 20.9.62)
Clerks	...	...	...	Mrs. S. A. Banfield Mrs J. A. Bennett (to 31.5.62) Miss C. J. Brown Miss J. R. Carpenter Miss M. Durnford (from 3.9.62) R. W. Hornby T. Logan Miss M. H. Portwood
Clerk/Shorthand Typist	...	...	...	Miss S. M. Winter

The following staff changes took place during the year in the joint staff of the Local Health and Education Authorities:—

Medical

Resignations	...	W. M. Sutcliffe, M.B., Ch.B., D.P.H., D.I.H. (31.5.62) Clara Jahoda, M.D. (Vienna) (31.7.62) Mrs. Kathleen E. Faulkner, M.B., Ch.B., D.C.H., D.P.H. (15.8.62) Mrs. Monica A. Pauli, M.B., Ch.B., B.A.O. (30.9.62) Irene L. Chesham, M.B., Ch.B., D.P.H. (31.12.62)
Appointments	...	W. B. Whisker, M.B., Ch.B., D.P.H. (2.7.62) Mrs. Patricia M. Rich, M.B., Ch.B., D.R.C.O.G. (3.9.62) N. A. Dent, M.B., Ch.B., D.Obst., R.C.O.G. (17.9.62) Isabel M. S. Price, M.B., Ch.B. (1.10.62) J. M. Joshua, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (1.11.62)

Dental

Resignations	...	Helena Blinkworth, L.D.S., (31.10.62) P. Miller, B.D.S. (31.3.62)
Appointments	...	Joan M. Dobson, B.D.S. (15.1.62) G. C. B. Winter, B.D.S., M.B., Ch.B. (20.8.62)

Child and Family Guidance

Resignations	...	Helen S. Mathewson, M.B., Ch.B., D.P.M.* (Psychiatric Registrar) (15.6.62) Kathleen Craib, M.A., B.Ed. (Educational Psychologist) (31.7.62) J. Dunham, M.Ed., B.Sc. (Educational Psychologist) (31.8.62) Miss I. Laver (Psychiatric Social Worker) (16.3.62) Mrs. L. Gatliff (Psychiatric Social Worker) (31.3.62)
Appointments	...	M. J. Gay, M.B., Ch.B.* (18.6.62) (Psychiatric Registrar) G. W. Herbert, B.A. (Educational Psychologist) (1.7.62) Rona L. Williams, B.A., Dip.Ed. (Educational Psychologist) (3.9.62) G. E. Bookbinder, B.A. (Educational Psychologist) (1.10.62) Miss I. L. Dixon, B.A. (Psychiatric Social Worker) (10.9.62)

* By arrangement with the Regional Hospital Board.

Persons other than those whose names appear in the list of staff who have contributed to this report are the following:—

- Miss I. M. Bond, B.A., *Head of the House-in-the-Garden School for E.S.N. Senior Girls*
- Miss M. H. Davies, B.A., *Head of Croydon Hall Residential School for E.S.N. Senior Girls*
- Miss J. Davis-Morgan, *Head of Henbury Manor School for E.S.N. Junior Children*
- B. M. Dyer, M.B.E., B.A., *Youth Employment Officer*
- Miss M. Ferguson, *Head of Ashton Vale Primary School*
- Miss Mary D. Gibson, M.B., Ch.B., D.P.H., *Deputy Senior Medical Officer, Maternal and Child Health*
- Miss T. B. J. Hetherington, *Chief Organiser of School Meals*
- R. R. Jenkins, *Chief Organiser of Physical Education*
- R. G. Lewis, *Head of Eastville Junior Mixed School*
- G. A. Morris, *Head of Kingsdon Manor Residential School for E.S.N. Senior Boys*
- R. E. Olding, *Head of Elmfield School for the Deaf*
- C. A. Organ, *Head of Periton Mead Residential School for Delicate Children*
- Miss M. J. Ram, B.A., *Head of Claremont School for Spastic Children*
- F. J. Redstone, F.R.S.H., F.A.P.H.I., *Chief Public Health Inspector*
- Miss R. H. Sturman, *Visiting Teacher for Partially Hearing Children*
- L. A. Tavener, *Superintendent Welfare Officer*
- J. N. Tolley, *Head of Russell Town School for E.S.N. Senior Boys*
- C. Williams, *Head of South Bristol School*
- Mrs. Grace E. Woods, M.D., D.C.H., D.P.H., *Medical Officer, Cerebral Palsy Assessment Clinic and Claremont School for Spastic Children*

STATISTICAL TABLES

YEAR ENDED 31st DECEMBER, 1962

PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS

<i>Age Groups inspected (By year of birth)</i>	<i>No. of pupils inspected</i>	<i>Physical condition of pupils inspected</i>		<i>Pupils found to require treatment (excluding dental diseases and infestation with vermin)</i>		<i>For defective vision (Excluding squint)</i>	<i>For any other condition recorded at Part II</i>	<i>Total Individual pupils</i>
		<i>Satisfactory</i>	<i>Unsatisfactory</i>					
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958								
and later	944	931	98.6	13	1.4	4	80	84
1957	1,533	1,497	97.6	36	2.4	26	157	179
1956	3,585	3,449	96.2	136	3.8	88	559	634
1955	396	381	96.2	15	3.8	20	75	91
1954	240	233	97.1	7	2.9	8	11	19
1953	557	536	96.2	21	3.8	35	60	92
1952	1,102	1,064	96.6	38	3.4	65	128	183
1951	2,017	1,986	98.5	31	1.5	169	206	356
1950	757	741	97.9	16	2.1	75	87	146
1949	373	364	97.6	9	2.4	45	67	105
1948	1,689	1,668	98.8	21	1.2	195	139	310
1947								
and earlier	6,056	5,935	98.0	121	2.0	757	539	1,203
TOTAL	19,249	18,785	97.6	464	2.4	1,457	2,108	3,402

TABLE B.—OTHER INSPECTIONS

NOTE:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	16,235
Number of Re-inspections	...	...	...	22,924
Total	...	...	...	39,159

TABLE C.—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	88,690
(b)	Total number of individual pupils found to be infested	...	...	...	...	672
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	78
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	3

TABLE D.—SCREENING TESTS OF VISION AND HEARING

1.	(a)	Is the vision of entrants tested ?	Yes.
	(b)	If so, how soon after entry is this done ?	Usually in second term.
2.		If the vision of entrants is not tested, at what age is the first vision test carried out ?	—
3.		How frequently is vision testing repeated throughout a child's school life ?	Once a year.
4.	(a)	Is colour vision testing undertaken ?	Yes.
	(b)	If so, at what age ?	14.
	(c)	Are both boys and girls tested ?	Yes.
5.		By whom is vision and colour testing carried out ?	Vision—school nurse; colour—school doctor.
6.	(a)	Is audiometric testing of entrants carried out ?	—
	(b)	If so, how soon after entry is this done ?	During the first year.
7.		If the hearing of entrants is not tested, at what age is the first audiometric test carried out ?	—
8.		By whom is audiometric testing carried out ?	At present by a School Medical Officer assisted by specially trained school nurses: when enough are trained it is hoped that it will be carried out by school nurses only.

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A.—PERIODIC INSPECTIONS

Defect or Disease				Entrants		Leavers		Others		Total	
				(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	...	...	...	112	157	249	233	147	77	508	467
Eyes—	(a)	Vision	...	132	185	850	227	475	181	1,457	593
	(b)	Squint	...	100	53	27	19	43	36	170	108
	(c)	Other	...	16	39	15	20	16	31	47	90
Ears—	(a)	Hearing	...	64	99	17	43	36	50	117	192
	(b)	Otitis Media	...	37	54	12	43	15	33	64	130
	(c)	Other	...	12	31	5	18	7	10	24	59
Nose and Throat	...	...	...	316	549	61	154	108	190	485	893
Speech	...	...	...	48	140	10	19	37	60	95	219
Lymphatic Glands	...	...	...	39	252	4	37	6	74	49	363
Heart	...	...	...	16	68	22	96	13	45	51	209
Lungs	...	...	...	75	173	22	74	33	64	130	311
Developmental—	(a)	Hernia	...	10	15	3	6	6	3	19	24
	(b)	Other	...	20	186	22	100	36	144	78	430
Orthopaedic—	(a)	Posture	...	3	29	22	92	13	52	38	173
	(b)	Feet	...	27	50	20	62	18	50	65	162
	(c)	Other	...	17	126	46	216	28	109	91	451
Nervous System—											
	(a)	Epilepsy	...	7	10	18	9	19	7	44	26
	(b)	Other	...	11	52	7	17	11	25	29	94
Psychological—											
	(a)	Development	...	23	103	13	29	72	57	108	189
	(b)	Stability	...	49	163	8	32	23	78	80	273
Abdomen	...	...	...	8	23	10	4	4	4	22	31
Other	...	...	...	10	29	43	16	31	31	84	76

(T)—Treatment. (O)—Observation.

TABLE B.—SPECIAL INSPECTIONS

<i>Defect or Disease</i>	<i>Pupils req. Treatment</i>	<i>Pupils req. Observation</i>
Skin	2,765	109
Eyes—(a) Vision	1,008	138
(b) Squint	91	45
(c) Other	293	42
Ears—(a) Hearing	104	88
(b) Otitis Media	35	44
(c) Other	116	20
Nose and Throat	297	439
Speech	48	141
Lymphatic Glands	22	150
Heart	9	69
Lungs	46	113
Developmental—		
(a) Hernia	11	11
(b) Other	44	136
Orthopaedic—		
(a) Posture	11	29
(b) Feet	52	27
(c) Other	35	94
Nervous System—		
(a) Epilepsy	12	18
(b) Other	16	58
Psychological—		
(a) Development	25	90
(b) Stability	36	105
Abdomen	12	14
Other	3,477	46

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ...	1,009
Errors of refraction (including squint)	4,275
Total	5,284
Number of pupils for whom spectacles were prescribed	2,275

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	115
(b) for adenoids and chronic tonsilitis	1,601
(c) for other nose and throat conditions	219
Received other forms of treatment	756
Total	2,691
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1962	20
(b) in previous years	106

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

				<i>Number of cases known to have been treated</i>
(a)	Pupils treated at clinics or out-patients departments	...	...	488
(b)	Pupils treated at school for postural defects	...	...	2
Total				490

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part I)

				<i>Number of cases known to have been treated</i>
Ringworm—(a)	Scalp	...	...	...
	(b) Body	...	...	81
Scabies	...	...	...	35
Impetigo	...	...	...	128
Other skin diseases	...	...	...	3,507
Total				3,751

TABLE E.—CHILD GUIDANCE TREATMENT

				<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance clinics	...	...	...	365

TABLE F.—SPEECH THERAPY

				<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	...	...	...	405

TABLE G.—OTHER TREATMENT GIVEN

				<i>Number of cases known to have been dealt with</i>
(a)	Pupils with minor ailments	...	...	10,666
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	10
(c)	Pupils who received B.C.G. vaccination	...	...	4,966
(d)	Other than (a), (b) and (c) above	...	...	...
	Chiropody	...	...	659
	U.V.L.	...	...	50
	Enuresis	...	...	296
	Children's Chest Clinic	...	...	64
	T.B. Contacts	...	...	234
	Nutrition Clinic	...	...	114
Total (a)-(d)				17,059

SCHOOL CLINICS

1961 No. of attend- ances		Work	1962 No. of attend- ances
	Central Health Clinic, Tower Hill, Bristol, 2. Tel. 26602.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment; refraction clinic; children's chest clinic; enuretic clinic; T.B. contact clinic; skin and wart clinics; treatment of scabies cases; orthopaedic clinic; physiotherapy; chiropody; nutrition clinic; artificial sunlight treatment ...	
31,475	Amelia Nutt Clinic, Queen's Rd., Withywood	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment ...	28,571
4,279	Bedminster Clinic, St. John's Lane, 3.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic, dental treatment; and refraction clinic ...	5,897
13,928	Brooklea Clinic, Wick Road, 4.	Inspection clinic; treatment of minor ailments; dental treatment ...	11,336
5,246	Charlotte Keel Clinic, Claremont Street, 5.	Treatment of minor ailments; dental treatment ...	5,168
3,898	Granby House Clinic, St. John's Road, Bedminster, 3.	Inspection clinic; treatment of minor ailments ...	3,424
3,512	John Milton Clinic, Crow Lane, Brentry	Inspection clinic; treatment of minor ailments; dental treatment ...	2,765
4,252	Knowle Clinic, Broadfield Road, 4.	Inspection clinic; treatment of minor ailments; dental treatment ...	4,254
7,833	Lawrence Weston Clinic Ridingleaze	Inspection clinic; treatment of minor ailments; dental treatment ...	8,698
1,376	Mary Hennessy Clinic, Hareclive Road, Hartcliffe, 3.	Inspection clinic; treatment of minor ailments; dental treatment ...	1,554
6,188	Portway Clinic, St. Bernard's Road, Shirehampton.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment and refraction clinic	6,714
7,325	Southmead Clinic, Monks Park Ave., 7.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment and refraction clinic	8,414
9,557	Speedwell Clinic, Whitefield Road, 5.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment and refraction clinic	8,829
9,626	Verrier Road Clinic, Redfield, 5.	Treatment of minor ailments ...	10,385
1,404	William Budd Health Centre, Leinster Ave., 4.	Physiotherapy ...	774
102	Connaught School Clinic.	Treatment of minor ailments ...	84
13,740	Day E.S.N. Special Schools.	Treatment of minor ailments ...	11,868
833	South Bristol School.	Physiotherapy; treatment of minor ailments ...	1,113
11,120	Cardio-Rheumatic Clinic	Cases of heart disease and rheumatic disease ...	11,383
615	Child and Family Guidance Clinic	...	542
5,425	Speech Clinics ...	...	4,571
6,082	Dental Hospital ...	...	6,603
1,341			1,263
149,157		Total Attendances ...	144,210

